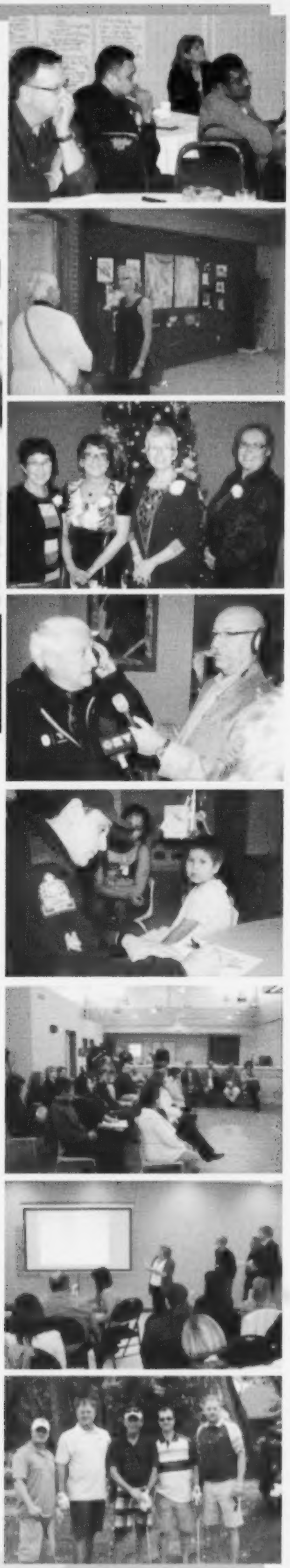
Prince Albert Parkland Regional Health Authority

# 2013-14

# Annual Report to the Minister of Health



PRINCE ALBERT PARKLAND
HEALTH REGION

Healthy Living in Healthy Communities.

# Letter of Transmittal

June 25, 2014

To: Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan,

The Prince Albert Parkland Regional Health Authority is pleased to provide you and the residents of the health region with its 2013-14 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2014.

The Prince Albert Parkland Regional Health Authority had many successes during the fiscal year including the grand opening of the Parkland Integrated Health Centre in Shellbrook, and the Family Treatment Centre in Prince Albert. Prince Albert Parkland also had 17 Rapid Process Improvement Workshops, which used Lean methodology to make improvements for patients, long-term care residents and community clients and their families.

The RHA's success is greatly attributed to the dedication and commitment of out employees, physicians and community volunteers.

Respectfully submitted,

Brenda Abrametz,
Chairperson

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The Prince Albert Parkland Regional Health Authority Annual Report to the Minister of Health is available online at www.princealbertparklandhealth.com

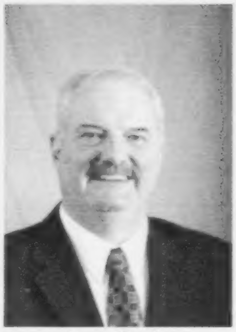
# RHA board of directors

## 2013-2014

Brenda Abrametz
Chairperson
Acting Chairperson May 2013
Appointed Chairperson Nov. 2013

Jerri Olson
Member

Gerry Osmundson
Vice-Chairperson
Appointed Vice-Chairperson Nov. 2013


Don Code
Member

Shirley Schwab
Member

Hugh Otterson
Member

Bevra Fee
Member

## Appointed November 2013

Marcie Kreese
Member

Mona Selanders
Member

Rod Sexsmith
Member

## Until May 2013

Gord Dobrowolsky
Chairperson
Resigned May 2013

# Introduction

The purpose of the 2013-2014 Annual Report to the Minister of Health is to demonstrate the Prince Albert Parkland Regional Health Authority's accountability to its main funder, as well as the public, and to be transparent about its activities during the fiscal year.

**Our Vision**

- Healthy Living in Healthy Communities

**Our Mission**

- The Prince Albert Parkland Health Region works with people and communities to promote health, prevent illness, and provide safe, quality health services.

**Our Values**

- Compassion
- Respect
- Stewardship
- Innovation
- Collaboration
- Patient Safety
- Service Excellence
- Rewarding Work Life

The organization is responsible for the preparation and verification of the information contained in this report. Significant portions of the information are taken from regular reports to the board of directors, as well as the required submissions to the Ministry of Health. The interpretation of the reporting reflects the best judgment of the Region's management team.

The Strategic Alignment section will demonstrate how the Region's goals are aligned with the Ministry of Health's Provincial Health Plan. The Region's plan reflects the provincial priorities, and the regional projects to support the achievement of the provincial outcomes.

The Overview section will discuss the Region's governance and administrative structure, as well as the strategic priorities for 2013-2014. This section will also include information about the Region's programs and services, including service volumes, as well as information about the Region's key partners in the delivery of health care services. There are also details about the health of the population and information about risk management priorities.

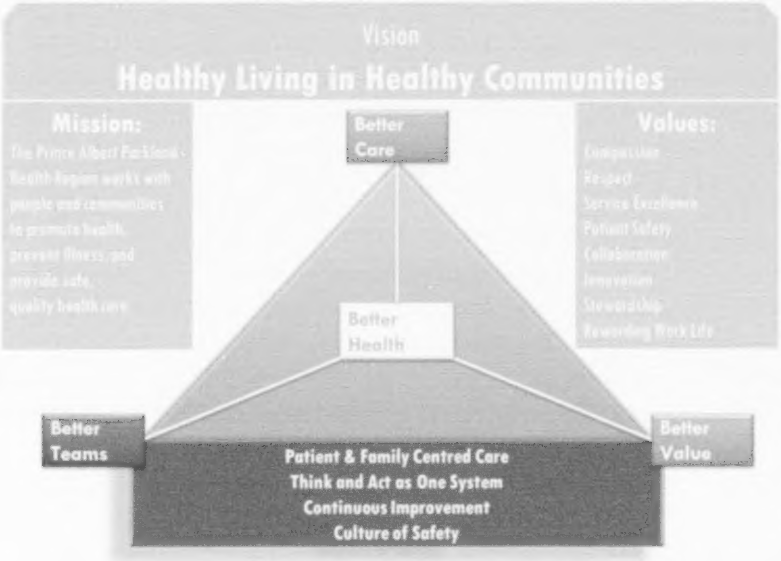
The Region will discuss its Progress in 2013-2014 in achieving goals and targets, showing the Region's successes and areas where challenges remain. There is information about how the Region is utilizing quality improvement initiatives to improve the patient experience and to ensure the efficient use of all resources—human, financial, infrastructure and technology. The Region demonstrates how it is aligned with provincial priorities. This section is organized using the provincial-focus of Better Health, Better Care, Better Value and Better Teams.

The Region utilizes an external auditor to review the financial statements, notes and schedules, and to ensure the Region is presenting its financial status accurately. This information is included in the Financial Statements section. It includes information required to meet the needs of both the primary funder (the Ministry of Health), and the Provincial Auditor. The Financial Overview section will provide additional context about the Region's financial performance.

Appendices in this report include the organizational chart, regional directory of programs and services, health status indicators, and the payee list for all recipients in excess of $50,000 in the past year (includes staff members, suppliers, transfers and other expenditures).

# Strategic Alignment

The Ministry of Health introduced the Saskatchewan Health Plan for 2013-2014, following consultation with the Regional Health Authorities and stakeholders. The plan was developed using the method of Hoshin Kanri, which builds on the Lean management tools to focus organizations on priority areas for improvement.


Vision
Healthy Living in Healthy Communities
Mission:
The Prince Albert Parkland Health Region works with people and communities to promote health, prevent illness, and provide safe, quality health care
Values:
Compassion
Respect
Service Excellence
Patient Safety
Collaboration
Innovation
Stewardship
Rewarding Work Life
Better Care
Better Health
Better Teams
Better Value
Patient & Family Centred Care
Think and Act as One System
Continuous Improvement
Culture of Safety

The provincial health plan is focused on the four enduring goals of Better Health, Better Care, Better Value and Better Teams. The Ministry of Health has identified a number of targets for improvements and broad priorities for achieving those targets.

The Prince Albert Parkland Regional Health Authority, through its own consultation process with management, staff, physicians and partners, developed its own Hoshin Kanri projects to support the provincial goals (see table below).

The following is the provincial goals, with the related regional projects to support those goals. The details about how the Region has performed will be discussed in the Progress in 2013-2014 section.

| Ministry of Health provincial Breakthrough initiatives (Hoshins) | Prince Albert Parkland Regional Health Authority breakthrough projects |
|---|---|
| By March 2014, improve access and connectivity in Primary Health Care innovation sites and use early learning to build foundational components for spread across the province. | Improving Access to the care team by 5 per cent from the March 2013 baseline |
| Transform the patient experience through sooner, safer, smarter surgical care (this plan includes work related to necessary surgery within three months, cancer surgery and treatment within appropriate timeframes, and wait times from GP referral to specialist and diagnostic services) | Improve Victoria Hospital Operating Room Utilization |
| | Improving Acute Care Patient Flow by focusing on improving the patient flow in the emergency department. |
| Safety Culture – Focus on Patient and Staff Safety | Building a Culture of Safety for Patients, Clients, and Residents |
| | First-line manager support to enable managers to focus on quality improvement initiatives |
| | Safety Culture: Achieving Mission Zero for health care providers |

# Overview

The Prince Albert Parkland Regional Health Authority is responsible for the delivery of health-care services for an area of about 29,000 square kilometers in central Saskatchewan. It includes Kinistino in the southeast and Big River in the northwest, and goes from Candle Lake in the northeast to Hafford in the southwest.

Prince Albert Parkland has a population of 81,513 people (Ministry of Health Covered Population June 30, 2013). The largest community is the City of Prince Albert, with a population exceeding 44,000. Other communities from which health-services are based include Shellbrook, Birch Hills, Spiritwood, Big River, Leask, Canwood, Leoville, Hafford, Blaine Lake, Candle Lake, and Debden. There are 12 First Nations located within Prince Albert Parkland, with a total on-reserve population of more than 10,500 people.

From left, Brett Enns, Regional Director of Community Services; Dr. Santhosan Moodliar; Brenda Abrametz, RHA board chairperson; and Dr. Mark Arsiradam, attend the Region's Diagnosis and Review (part of the Hoshin Kanri planning process) in September 2013.

The Prince Albert Parkland Regional Health Authority board of directors is appointed by the Minister of Health. As of March 31, 2013, there are 10 board members (Page 4). Seven of the board members served for the entire 2013-2014 fiscal year, while three others were newly appointed in November 2013. The previous board chairperson resigned in May 2013, with previous vice-chairperson appointed as chairperson. One of the previous member was appointed vice-chairperson

The board of directors holds nine regular meetings annually, with six of the nine meetings in Prince Albert in the 2013-2014 fiscal year. Three meetings were held in other communities within the Region – in Blaine Lake (April 2013), Kinistino (September 2013), and Shellbrook (March 2014).

The board of directors has six key areas of responsibility:

- Strategic planning;
- Fiscal management and reporting;
- Relationships;
- Quality management;
- Monitoring, evaluation and reporting; and
- Management and performance.

The Regional Health Authority board of directors hires a Chief Executive Officer. The CEO reports on the Region's achievement of goals, the results of measurements, and compliance to policy based on strategic goals approved by the board of directors. The Chief Executive Officer is responsible for the day-to-day management of the organization. An organizational chart is included as Appendix A on Page 75.

The Regional Health Authority has developed a committee structure to further the goals of the Region. Standing committees that include only board members are the Board Finance Audit Committee and Safety/Quality committee. The board also has the Practitioner Liaison Council (with physician representation). To assist in receiving community feedback, the RHA assigns board members to attend Primary

# Overview

Table 1: Service Volumes—Prince Albert Parkland Regional Health Authority (as of March 31 of the fiscal year)

| Program/service area | 2013-2014 | 2012-2013 | 2011-2012 |
|---|---|---|---|
| Laboratory visits—Victoria Hospital | 205,124 | 186,812 | 192,435 |
| Laboratory visits—Shellbrook Hospital | 11,415 | 10,287 | 10,586 |
| Laboratory visits—all other rural [1] | 14,542 | 13,920 | 13,423 |
| X-Ray visits—Victoria Hospital | 32,962 | 31,420 | 30,138 |
| X-Ray visits—Shellbrook Hospital | 2,569 | 2,147 | 2,994 |
| X-Ray visits—all other rural [2] | 1,499 | 1,525 | 1,278 |
| CT visits—Victoria Hospital | 7,759 | 6,938 | 6,200 |
| CT exams—Vitoria Hospital | 8,138 | 7,191 | 6,470 |
| Acute Care inpatient days—Victoria Hospital | 47,982 | 47,710 | 46,686 |
| Acute Care inpatient days—Shellbrook Hospital [3] | 4,994 | 4,680 | 4,349 |
| Emergency department visits—Victoria Hospital | 27,860 | 28,202 | 27,320 |
| Emergency department visits—Shellbrook Hospital | 5,477 | 2,860 | 3,882 |
| Ambulatory Care outpatient visits—Victoria Hospital | 17,422 | 17,276 | 18,234 |
| Operating Room Cases—Victoria Hospital | | | |
| Inpatient | 1,640 | 1,478 | 1,621 |
| Outpatient | 3,722 | 3,529 | 3,619 |
| Hemodialysis Treatments—Victoria Hospital | 7,262 | 7,308 | 7,262 |
| Long-term care—resident days (all facilities) [4] | 204,773 | 203,907 | 203,859 |
| Long-term care—residents per day (all facilities) [4] | 561.02 | 558.65 | 556.99 |
| Physical Therapy—number of treatments | 38,072 | 34,793 | 33,285 |
| Occupational Therapy—number of treatments | 11,516 | 9,558 | 7,848 |
| Speech Therapy—number of treatments | 3,536 | 3,898 | 4,217 |
| Cardiac and Pulmonary Rehabilitation—number of treatments | 10,866 | 14,914 | 11,187 |
| Home Care—number of nursing visits | 40,772 | 41,215 | 38,806 |
| Home Care—number of homemaking visits | 66,565 | 76,295 | 84,257 |
| Home Care—number of meals | 29,120 | 33,364 | 35,312 |
| Addiction Services—total new outpatient files | 2,825 | 2,124 | 2,519 |
| Mental Health Outpatients—total visits (Adult & Youth) | 48,983 | 45,208 | 48,842 |
| Public Health—total provincially funded vaccinations | 17,143 | 16,768 | 17,791 |
| Primary Care—total visits at PAPHR clinics [5] | 39,250 | 31,465 | n/a |

Source: Prince Albert Parkland Regional Health Authority statistical information

1– All other rural includes Hafford Primary Care Site, Kinistino Health Centre, Birch Hills Health Centre, Big River Health Centre, Spiritwood and District Health Complex

2–All other rural includes Big River Health Centre, Spiritwood and District Health Complex

3–Due to lack of physician on-call resources Shellbrook Hospital had limited acute-care inpatient capacity and emergency room hours from August 1, 2011 to July 29, 2013.

4–Includes 11 facilities operated by PAPHR and the affiliate Mont St. Joseph.

5–Includes Shellbrook, Spiritwood, Big River, Birch Hills, Leoville, Hafford/Blaine Lake, Kinistino

Care Community Advisory Networks. The committee members provide feedback to the board about initiatives and strategic planning, and raise issues affecting health-care services. The board of directors also appoints members to other committees and boards, including North Sask Laundry and Support Services (as one of four RHA owners) and the Victoria Hospital Foundation.

In addition to providing health care services to the population of the Region, Prince Albert Parkland is a source of specialized health care services to people throughout northeast and northern Saskatchewan.

# Overview

## Programs and Services

The Prince Albert Parkland Regional Health Authority provides services to more than 2,000 individuals every day, including long-term care residents, mental health clients, service at home or hospital inpatients. They may be receiving services from Home Care or Public Health, or visiting an Emergency Department or have an appointment with a Nurse Practitioner. (Table 1, Page 8)

Rehabilitation clients are seeing a physical or occupational therapist. Individuals are seeking help for substance abuse through both inpatient and outpatient addiction service programs. Public Health Inspectors are monitoring food services, swimming pools and other public venues to ensure standards are being met. Home Care staff are providing nursing and support services to help people maintain maximum independence in their own homes.

The Prince Albert Parkland Health Region has more than 2,500 employees (1909.3 full-time equivalents) working in 24-hour facilities and community-based programs. (Table 2, Page 9)

**TABLE 2: PAPHR staffing by Full-time equivalent**

| | 2011-2012 | 2012-2013 | 2013-2014 |
|---|---|---|---|
| Medical | 2.42 | 1.92 | 1.99 |
| OOS | 127.38 | 135.95 | 137.41 |
| SUN | 395.26 | 400.02 | 400.42 |
| CUPE | 1,170.90 | 1,198.03 | 1,204.10 |
| HSAS | 157.80 | 159.74 | 165.38 |
| | **1,853.76** | **1,895.66** | **1,909.30** |

Source: PAPHR Payroll records.
Does not include employees of affiliate agencies or partner organizations that received funding from PAPHR.

The largest facility is the Victoria Hospital, a regional centre that not only serves the residents of the Region but is also a major referral centre for secondary specialist services for northern and northeast Saskatchewan. With more than 130 beds available, the Victoria Hospital has 24-hour on-call coverage for obstetrics/gynecology, orthopedics, pediatrics, general surgery, internal medicine, radiology, anesthesia and psychiatry. Other specialist services include ophthalmology, urology, ENT (ear, nose and throat), pathology and dental surgery.

The Prince Albert Parkland Regional Health Authority programs and services also includes:

- The Acquired Brain Injury program (with SGI partial funding) provides support for residential and individual programs. The program provides awareness and education about preventing brain injuries.
- Public Health Inspection is a community-based program. Its goal is to protect the health of the people in the Prince Albert Parkland Health Region from environmental risks. Programs and services protect the public's health and safety by ensuring:
  - ◊ safe food;
  - ◊ safe water;
  - ◊ safe public swimming pools and recreational water;
  - ◊ safe housing;
  - ◊ safe residential indoor air quality.
- Access Place, in Prince Albert, provides a variety of services to individuals, including:
  - ◊ Testing and treatment for Sexually Transmitted Infections (STIs)
  - ◊ Pregnancy testing
  - ◊ Hepatitis A, B, and C testing and follow-up care
  - ◊ HIV point of care testing and follow-up care
  - ◊ Hepatitis B immunizations

# Overview

- Referrals to the Hepatitis C and HIV Program, Addiction Programs, Detox, Methadone Program, Physicians, Hospital
- Educational presentations and in-services on STI's, HIV, Hepatitis C, Occupational Risk
- Needle Exchange Program
- Presentations and in-services on Hepatitis C and HIV and related issues.

The Family Treatment Centre held its grand opening in April 2013. The first of its kind facility in Saskatchewan provides inpatient addictions treatment for parents and allows them to bring young children. The new building is also home to a child and youth mental health inpatient unit.

**Key partnerships**

In order to deliver the necessary programs and services, the Region partners with a number of organizations. The Region requires that partners follow reporting mechanisms to ensure accountability from all of the health care organizations that receive funding. The partnerships are a valuable resource and monitoring their performance and effectiveness is one way to reduce risks for the Region.

The largest single partner is Mont St. Joseph Home Inc., an affiliated special care home in the City of Prince Albert. Other community-based partners provide services in a number of areas, including addiction services, mental health services, crisis support services and primary care.

The Region also works with contracted ambulance services based in Prince Albert, Big River, Spiritwood and Blaine Lake. The four services combined for more than 10,000 trips in 2013-2014.

Other community partners include:

- Family Futures provides parent support for the eastern part of the Region. Workers provide counseling, referral and emotional support. A new partnership with Family Futures Inc. was established to deliver the outreach component of the Fetal Alcohol Prevention Strategy. Family Futures employs two outreach workers to provide support to at risk families in the childbearing years. Other programs provided under the strategy by this agency include a parenting program and a prenatal clinic at the Family Futures site. The prenatal clinic is operated by a nurse practitioner employed by the health region and a physician from the Prince Albert Cooperative Health Center.
- Self Help and Recreation Education (SHARE) provides vocational and pre-vocational opportunities for persons with mental illness in Prince Albert. SHARE operates a group home for clients discharged from Mental Health Inpatient Villas at the Victoria Hospital. During this fiscal year enhanced funding was provided to this agency to increase bed capacity at the group home and the addition of recreational and employment preparation services.
- The Prince Albert Branch of the Canadian Mental Health Association

(CMHA) assists people with emotional and mental illnesses to live in the Prince Albert community independently. CMHA offers clients easier-skilled jobs and pre-vocational training. This includes employment at As Good As New (a used clothing store in Prince Albert), and obtaining skills training through the quilting projects, shopping skills project, and other life skills. The Region also provides funding to CMHA to employ an assisted living worker at their apartment complex in Prince Albert.

- Prince Albert Co-operative Health Centre is home to the Methadone Program for IV opiate drug users. The clinic's physicians also provide services at the Birch Hills Health Centre – one of the Region's Primary Care sites. The Co-operative Health Centre also supports the Dental Project, a school-based dental treatment program for several schools within the City of Prince Albert.
- Mobile Crisis Cooperative provides 24-hour service to individuals in crisis, with services including a crisis phone line, mobile workers who attend to the clients, and a sexual assault program.
- The Prince Albert Early Intervention Program delivers the Kids First Community Development program for the rural east side of the region.

Frank Regel, chair of the Prince Albert Co-Operative Health Centre board of directors, and Brenda Abrametz, vice-chair of the Prince Albert Parkland Regional Health Authority, sign a renewed Partnership Agreement that outlines how the two organizations work together in June 2013.

Prince Albert Parkland is also represented by two staff members on the board of directors for the Valley Hill Youth Treatment Centre, which is a non-profit organization that has representatives from the Prince Albert Grand Council and Ministry of Health.

### Population health status

Working with community partners, both health care organizations and other human services, are necessary to address the health status challenges of the RHA's population. The health-care challenges are often the result of poor social determinants of health, and require a community-wide effort to assist people in need.

Prince Albert Parkland's population has a higher rate of people who are both overweight and obese than the rest of Saskatchewan. The trend is the same for chronic illnesses such as arthritis, diabetes, asthma, and high blood pressure. (See Appendix C: Health indicators, on Pages 79-83.) Assisting the population who are struggling with one or more chronic illnesses is a major challenge for the Region's primary health care providers. Access to services when people are able to attend clinics will be a key component of the Region's Primary Health Care strategy. It is important for the Region to work with Health Care Organizations and other human service agencies in order to meet the needs of a vulnerable population.

Prince Albert Parkland is a partner in the City of Prince Albert's Community Mobilization effort, which is led by the Prince Albert Police Services. In addition to the

# Overview

Prince Albert Parkland RHA, the partnership includes representatives of a variety of public organizations from social services, education, justice and health care fields. The Community Mobilization effort is about breaking down barriers between organizations, and working together to find solutions for both specific individuals and the community. There is case management for specific individuals, where partner organizations work together to find solutions and improve both social and health conditions.

Traci Hobson, left, Nursing Unit Manager for the Victoria Hospital Emergency Department, speaks with Neil Headrick, morning host on Country 900 CKBI during Rawlco Radio's annual "Give A Little Life" 12-hour radiothon. The event is a fundraiser for the Victoria Hospital Foundation.

The RHA also works with other communities through Primary Health Care Community Advisory Committees. These committees, which include Prince Albert Parkland staff members and interested community members, continually review and discuss community health-care needs and potential solutions that could utilize the Region's resources or determine an appropriate resource within the community.

### Risk management issues

Prince Albert Parkland, similar to other RHAs, continues to face challenges for recruitment and retention of health-care providers. This includes physicians, nurses, technicians and other provider groups. While there are challenges in the largest urban centre, gaps can effect the availability of services in rural communities.

Following the opening of the Parkland Integrated Health Centre (Shellbrook, replacing aging acute and long-term care facilities) in 2013, two physicians left the community between December 2013 and February 2014. This has impacted the availability of primary health care services. There were also service gaps for emergency care in the acute care facility due to a lack of registered nursing staff.

Adequate numbers of relief staff, both in urban and rural areas, has often led to the inability to fill vacant shifts at regular wages and has resulted in increased costs for overtime. Prince Albert Parkland continues efforts to recruit adequate staff to fill all permanent positions, but temporary vacancies and relief staffing will continue to provide challenges to maintain services volumes.

Another significant challenge was the capacity issues at the Victoria Hospital, which was frequently over-capacity during 2013-2014. With an average daily census of almost 100 per cent, the variations in daily activity often resulted in additional staff being required to ensure patient and staff safety. While efforts are made to have the staff working at regular wages, overtime rates use was frequent.

The overcapacity issue also effected surgical cases. With no inpatient beds available, the Region has reluctantly delayed surgeries for patients whose surgical procedure requires a stay in hospital at the start of the recovery process. The Region continues efforts (including specific improvement events) to improve patient flow, discharge planning, and bed management to minimize the impact on patients—both surgical and medical.

# Better Progress in 2013-2014

The Ministry of Health introduced the Saskatchewan Health Plan for 2013-2014, following consultation with the Regional Health Authorities and stakeholders. The plan was developed using the method of Hoshin Kanri, which builds on the Lean management tools to focus organizations on priority areas for improvement.

The Progress in 2013-2014 section will report on the Prince Albert Parkland Health Region's efforts to achieve the priority goals and the targets associated with them. This section is organized using the four Betters–Health, Care, Value and Teams. Each section will include the RHA's specific initiatives, measurements, and improvement events to achieve the provincial and regional priorities and targets. Where required, the section will outline specific initiatives to achieve targets that have not yet been met.

This section will include summaries of improvement events such as Rapid Process Improvement Workshops, Mistake Proofing Projects, Kanban, and 5S. All of these are Lean management initiatives, with different events focused on specific service areas. The events and projects assist staff members, physicians and managers to implement changes with the goal of improving quality, safety and access to health care services. Data is collected prior to the improvement activity to determine a current state. After events, audits are done to ensure that the gains made during the improvement activity are sustained.

# Better Progress in 2013-2014

Residents of the Prince Albert Parkland Health Region's 12 special care homes, along with day centre program clients, created almost 400 pieces of art that were displayed during the 2nd Annual Art Gala at the Herb Bassett Home in Prince Albert in September 2013. Fifteen pieces were part of a live auction, at left, while the remaining items were sold through a silent auction. There was also a reception with appetizers and wine bar. Funds raised at the event are returned to the homes of the artists to support recreation programs for the residents.
The event raised almost $10,000.

Olaf Olsen, resident of Parkland Integrated Health Centre, holds the ribbon as it is cut by Saskatchewan Premier Brad Wall during the grand opening celebration in October 2013. Joining Premier Wall and Mr. Olsen are, from left, Brenda Abrametz (Prince Albert Parkland RHA board acting chair), Nadine Wilson (MLA Saskatchewan Rivers), Hon. Randy Weekes (Minister Responsible for Rural and Remote Health), Hon. Dustin Duncan (Minister of Health), Scott Moe (MLA Rosthern Shellbrook), George Tomporowski (Mayor of Shellbrook), Richard Porter (Project Steering Committee co-chair), Jim Van Eaton (Fundraising Committee), Ron Ferster (Fundraising Committee), and Patricia Couture (then-Director of Care at Parkland Integrated Health Centre).

Michelle Anderson, left, a Combined Laboratory and X-ray Technologist, shows some of the features of the new digital X-ray system to Bevra Fee, RHA board member and member of the Spiritwood Health Complex Foundation, and John Piggott, Vice-President Operations for Prince Albert Parkland Health Region. The new Radiology Information System and Picture Archiving Communication System went live at the Spiritwood and District Health Complex in 2013.

Better
>> Health

# Progress in 2013-2014

The Ministry of Health introduced the Saskatchewan Health Plan for 2013-2014, following consultation with the Regional Health Authorities and stakeholders. The plan was developed using the method of Hoshin Kanri, which builds on the Lean management tools to focus organizations on priority areas for improvement.

Better Health's broad goal is: Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

There are five provincial targets under Better Health:

- By 2017, people living with chronic conditions will experience better health as indicated by a 30 per cent decrease in hospital utilization related to 6 common chronic conditions (diabetes, coronary artery disease, chronic obstructive disease, depression, congestive heart failure and asthma).
- By 2017, there will be a 50 per cent improvement in the number of people who say "I can access my PHC Team for care on my day of choice either in person, on the phone, or via other technology.
- Reduce the number of patient days of seniors occupying acute care beds awaiting community service supports. (i.e.) home care by 50 per cent by March 31, 2017.
- By March 2017, reduce by 50 per cent individual readmissions within 30 days (mental health inpatient and acute care units).
- By March 31, 2017 100 per cent of cases of specific communicable diseases (HIV, TB, & STIs in high risk populations) are managed according to provincial standards.

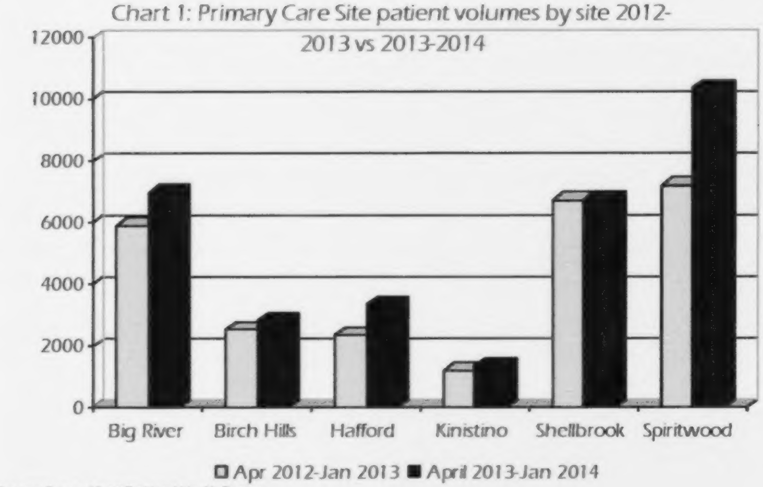


Chart 1: Primary Care Site patient volumes by site 2012-2013 vs 2013-2014

Source: Prince Albert Parkland Health Region

This section will discuss the work the Prince Albert Parkland Health Region is undertaking to achieve those goals during the 2013-2014 fiscal year.

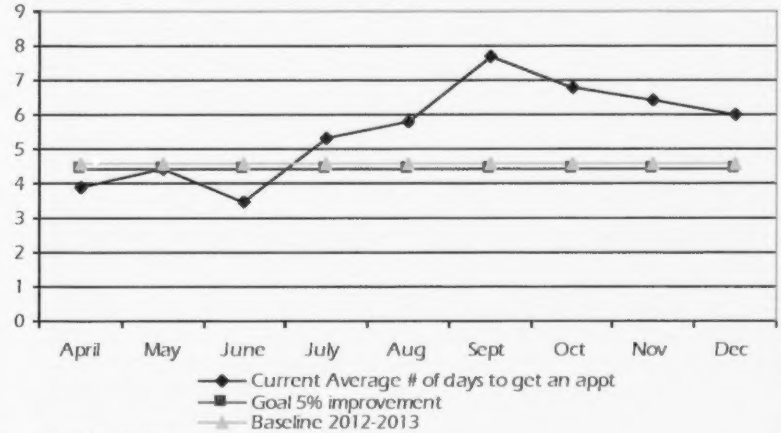
A key strategy for Prince Albert Parkland is achieve by March 31, 2014 access to the care team (defined as face-to-face care, phone calls, emails, or other e-communication) will be improved by five per cent and the rate of no shows reduced by one per cent in Primary Health Care sites.

Prince Albert Parkland has main primary health care sites in Shellbrook, Spiritwood, Big River, Birch Hills, Kinistino and Hafford.

During the 2013-14 fiscal year, improving access to primary care providers across the region was placed as a high priority. All sites in the region showed growth in the number of services provided. Chart 1 (Page 15) shows the increases for the six main clinics. In addition to those in the chart, clinics were also operated at Blaine Lake, Candle Lake, and Leoville.

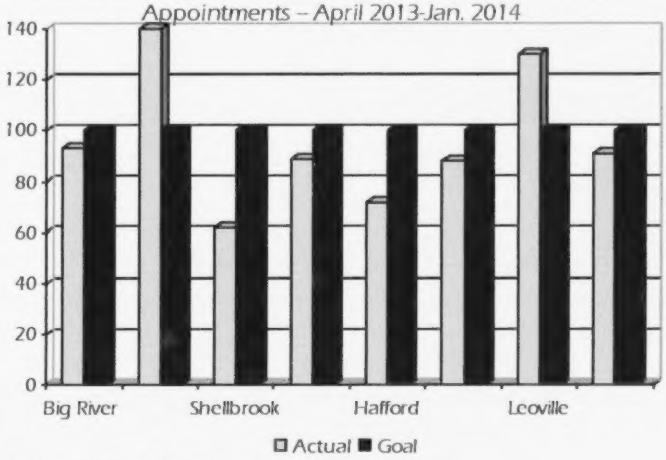
Another important data source is tracking the length of time to obtain an appointment again by site. Most sites (Chart 2, Page 16) have access to an appointment within three days with the exception of Shellbrook and Kinistino. The main barrier to access remains the availability of providers and the ability to recruit and retain providers. In some cases, leaves of absence create temporary openings at a clinic which can be difficult to fill.

Chart 2:Third Next Available Appointment in days, PAPHR 2013-2014



Source: Prince Albert Parkland Health Region

Chart 3: Primary Care Clinic Activity in Relation to Supply of Appointments – April 2013-Jan. 2014



Source: Prince Albert Parkland Health Region

Another measure of note is related to the ability of clinics to accommodate patient with non-booked appointments who generally have developed a more urgent condition such as an infection. The process of assessing these patients and providing care to them has been improved over the fiscal year. Chart 3 (Page 16) indicates that capacity (the number of regular appointment times) is exceeded at some sites.

The time slots where there are patients who do not show for appointments are being utilized more effectively to meet this need. Some sites show that there were more patients seen than there were actual designated times. This strategy of "fitting in" these patients is a way to manage the time and improve access when patients do not show for appointments.

**Collaborative Emergency Centre [CEC] – Spiritwood**

In the fall 2013 throne speech, the Ministry of Health announced that Spiritwood has been designated as a community to receive funding for a Collaborative Emergency Centre.

This centre is a new method of providing primary care and after hours emergency care to area residents. The Region began planning for the centre to be in place in the following fiscal year using a staged approach to development.

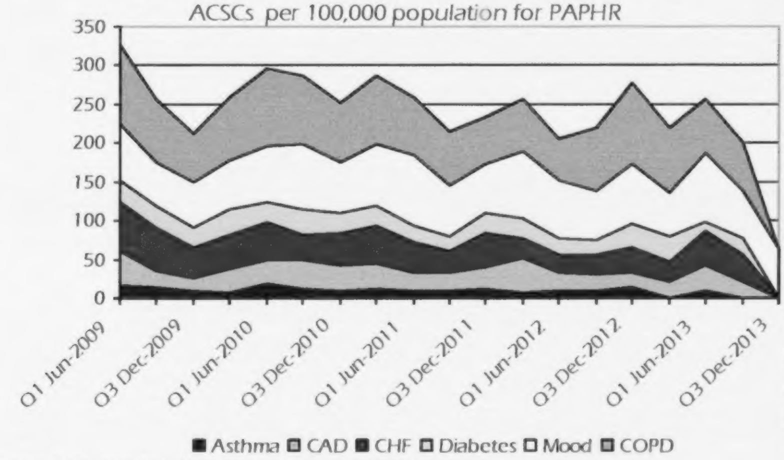
Community leadership has been engaged in the strategy as well as the local clinicians. As a first step, the primary care clinic hours were increased to 56 hours per week from the former 40 hours. This allowed for access on Saturdays and in the evenings on week days. Further development continues in 2014-2015.

**Chronic Disease Management**

The high incidence of chronic disease in the health region is a major factor affecting service access in a number of programs including acute care, emergency rooms and mental health. A new initiative in 2013-14 was to place nursing resources in several clinics to focus on the management of patients with chronic illness- mainly diabetes, hypertension and coronary artery disease. These nurses play a case management role with the patients and promote self-management of their illness. The Diabetes Education Centre in Prince Albert has provided a similar service and providers from this clinic travel to rural areas to supplement the care patients receive from their main providers. A provincial tracking System called CDM-QIP is in place to monitor the patient's success and track results.

One major outcome being tracked provincially is the hospitalization rates for six major chronic illnesses: asthma, Coronary artery disease (CAD), congestive heart failure (CHF), diabetes, mood [anxiety, depression] and chronic obstructive pulmonary disease (COPD). Chart 4 (Page 17) notes that hospitalization rates for diabetes, asthma, coronary artery disease, congestive heart failure and congestive heart failure are very low. The largest cohort of admissions is for depression and anxiety. Management of persons with these conditions is generally done in primary care with a significant component of self-care in relation to medications and lifestyle. The data suggests some success in achieving a decrease in acute care admission for these patients resulting in improved quality of life.

Chart 4: Age and sex-adjusted hospitalization rates for 6 ACSCs per 100,000 population for PAPHR



Source: Saskatchewan Health Quality Council Discharge Abstract Database

In January 2013, the Region issued two request for proposals from medical clinics in the City of Prince Albert. One RFP was for providing diabetes education and support. The second was for support from the community mental health program. The Region is seeking partnerships with clinics that would have Prince Albert Parkland staff working at a clinic on a scheduled basis to support patients with specific chronic illnesses. As the 2013-2014 fiscal year came to a close, the Region was in the discussions with two clinics about the pilot project.

**Improvement projects**

The Prince Albert Parkland Health Region has undertaken specific improvement efforts using Lean methodology to address specific challenges for access and safety in primary health care programs.

This includes Rapid Process Improvement Workshop #1 (Report Out was in prior fiscal year, with results sustained throughout 2013-2014): Reducing the lead time from mental health outpatient client's triage assessment to appointment scheduled.

Clinicians had been batching the assignment of counseling clients until a weekly (Friday) meeting, where assignments were made. This would often result in waiting for assignments for several days, then attempts are made to schedule an appointment. Frequently, multiple phone calls were required to contact the client after the assignment is complete. It took an average of 10 days from initial referral being received until an appointment was scheduled.

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Another challenge is incomplete information on referral forms, with referral agencies using different forms and not all have the same (required) information to complete a proper intake interview.

During the RPIW week, the team tested ideas to reduce the lead time between referral received and when an appointment was scheduled. Among the tests were:

- A new process for assigning the intake process, including assigning clinicians and setting an appointment date based on criteria for each clinician and having their schedules available for intake staff.
- Finalization of a single referral form for all agencies sending in referrals. Agencies were to be provided with the form, and were also informed that incomplete referrals would be sent back to the referring agency to complete the form properly.

The RPIW helped reduced the time from start of client triage to appointment scheduled from more six days, to less than one hour. They also replaced more than 20 referral forms with one referral form.

A second major improvement effort was Mistake Proofing Project #6: Suicide Risk Assessment—Mental Health Inpatient Unit. The goal of the project was to have 100 per cent of patients have a suicide risk assessment completed when they are admitted to the Mental Health Inpatient Unit. Prior to the mistake proofing project the use of the assessment tool had been varied, and there was no method to ensure each patient had the assessment completed—or any indicator if it required or completed.

The Prince Albert Parkland Health Region partners with the Alzheimer's Society of Saskatchewan to provide space for the organization's First Link program. The program, which received funding from the Government of Saskatchewan, has a resource centre in Prince Albert. First Link® is a referral program to assist physicians, health and community service providers to directly link people living with Alzheimer's disease and other dementias and their families to the Alzheimer Society for services and support at the time of diagnosis, or throughout the duration of the disease. Individuals and their families are linked to learning services and support as early as possible in the disease process.

During the Mistake Proofing Project, the team tested ideas to increase the use of suicide risk assessment processes. This included standardized information into one patient chart in one location for all current patient information, and standardizing the admission documentation and suicide risk assessment tool. The team also created a created one-colour (orange) documentation related to suicide risk, as well as an identifier for use by staff for patients who had a higher suicide risk. This helped create a method to identify patients who still required the screening tool to be completed.

The Mistake Proofing Project reduced the percentage of patients who did not have suicide risk screening completed from 24 per cent to 6 per cent, as well as reducing the percentage of patients requiring a suicide risk assessment from 60 per cent to 6 per cent. Visual controls are now in place to identify patients requiring assessment, and patients at risk.

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# *Progress in 2013-2014*

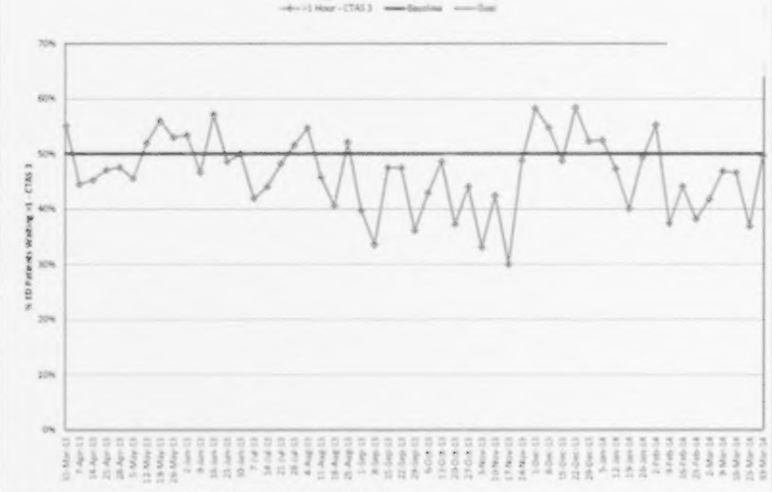
The Ministry of Health introduced the Saskatchewan Health Plan for 2013-2014, following consultation with the Regional Health Authorities and stakeholders. The plan was developed using the method of Hoshin Kanri, which builds on the Lean management tools to focus organizations on priority areas for improvement.

Better Care's broad goal is: In Partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

There are eight provincial targets under Better Care:

- By March 31, 2014, all patients have the option to receive necessary surgery within 3 months.
- By March 2015, all cancer surgeries or treatments are done within the consensus timeframe from the time of suspicions of diagnosis of cancer.
- By March 31, 2017, there will be a 50% decrease in wait time for appropriate referral from primary care provider to specialist or diagnostics.
- By March 2015, decrease by 50% the wait times in the ED.
- By March 2017, develop and implement a provincial Safety Alert/Stop the Line System.
- By March 2017, there will be zero patients who experience a medication defect.
- By March 2017, there will be zero workplace injuries.
- By March 2017, there will be zero patients who experience a preventable surgical site infection from clean surgeries (class I,II).

Chart 5: Percent of all Emergency Department Patient Waiting >1 hour –CTAS 3



Source: Prince Albert Parkland: Sunrise Clinical Manager Database

This section will discuss the work the Prince Albert Parkland Health Region is undertaking to achieve those goals during the 2013-2014 fiscal year.

Key strategies for Prince Albert Parkland are:

- By March 31, 2014 all patients will receive their first offer of elective surgery within 3 months.
- By March 31, 2014 the Emergency Department will achieve and maintain the Canadian standards for Canadian Triage Acuity Scale timeliness to assist and support acute care patient flow.
- By March 31, 2014 schedule the education and implementation of the Provincial Stop the Line/Patient Safety Alert system; and 100 per cent Medication Reconciliation done at all transition points (admission, transfer/discharge).
- By March 31, 2014 100 per cent of heath care workers can describe their rights and responsibilities within our safety management system.

This section has two distinct focuses—improved access to health care services, and improved safety for patients and staff.

Flow of patients through the Victoria Hospital Emergency Department is both a challenge and an indication of problems in other parts of the health-care system. This can include lack of access for primary care providers leading lower-acuity cases to the emergency department for care, as well as backup of inpatient admissions if units within the facility do not have beds available. Monitoring the flow of patients in the emergency department including time waiting to be seen by a physician, is a key measurement (Chart 5, Page 19).

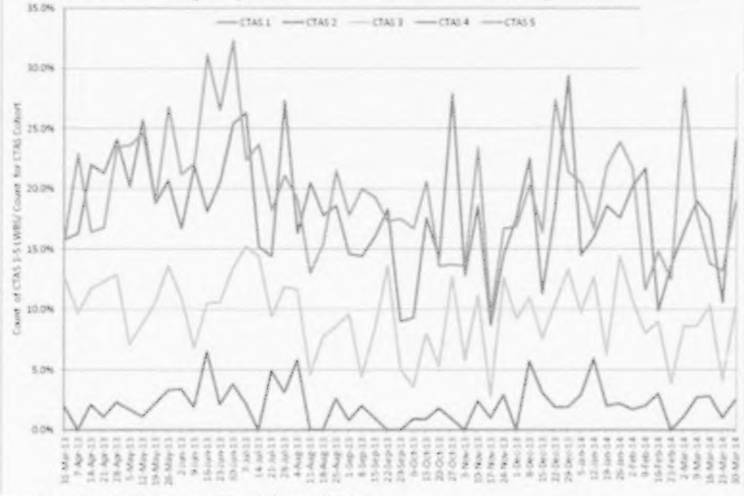


Chart 6: Emergency Department Left Without being seen CTAS 1-5

Source: Prince Albert Parkland: Sunrise Clinical Manager Database

At the Victoria Hospital, about 50 per cent of patients who are categorized as a Canadian Triage Acuity Scale 3 (CTAS 3—urgent), had a wait time to be seen by a physician of one hour or longer. The CTAS guidelines suggests those patients should be seen by a physician within 30 minutes 90 per cent of the time.

Another key measurement is the number of patients who leave without being seen (Chart 6, Page 20) This is a symptom of a system that is not able to effectively meet the needs. While some of the patients may be less-urgent or non-urgent, they do require medical attention. Some may seek care at a later date with family physicians, or walk-in clinics; however, there is a risk that the patients will not seek any further medical care until they are significantly more ill.

The Region has undertaken several initiatives to reduce the wait times both to be seen by a physician, as well as the final disposition and discharge from the Victoria Hospital Emergency Department.

Rapid Process Improvement Workshop #2: Reducing the patient wait time from admission to inpatient unit from Victoria Hospital Emergency Department

The Victoria Hospital averages admitting 12 of 80 people who attend the Emergency Department every day. There is an average of three patients who are in the overflow area waiting for admission to an inpatient unit. In every 24-hour period, the Victoria Hospital averages 19 admissions and 18 discharges. The Mental Health inpatient unit averages a daily turnover rate of three patients per day. Delays in admissions result in patients remaining in the Emergency Department. This is less than ideal for the patients, requires staff time, and reduces capacity to see patients.

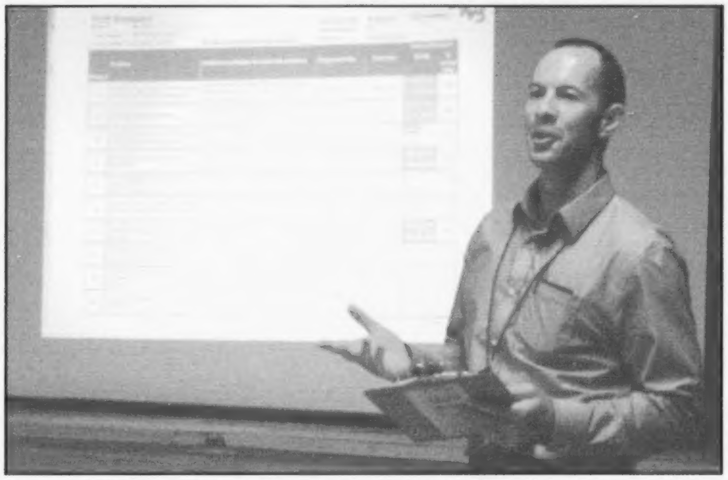
During the RPIW week, the team tested ideas to reduce the wait time for admission from the Emergency Department to an inpatient bed. This included a system to alert environmental services when a room is ready to be cleaned, and then to alert nursing staff when a room is ready for a new patient. Another change tested was admitting a patient to a bed, and having the specialist consultation take place on the ward if it was not able to be completed prior to admission. The team worked with staff to develop a system to alert the Emergency Department when a bed is ready for a patient.

The RPIW #2 changes had the following results at the end of the week:

# Progress in 2013-2014

- Reduced lead time for patients being admitted from the Emergency Department from 4.75 hours to just under 2.5 hours.
- Reduced cycle time for cleaning room from more than 28 minutes, to less than 22 minutes.

Rapid Process Improvement Workshop #4: Reduce the wait time for patients from Emergency Department triage to care.



Dr. Francois Roussouw, an Emergency Department physician at the Victoria Hospital, was part of the Rapid Process Improvement Workshop #4, which attempted to reduce patient wait times from triage to care.

Delays in treatment have resulted in harm to patients, with wait times for initial triage and assessment in the Victoria Hospital Emergency Department one of the factors in the delays. Patients are often leaving without seeing a physician, including patients who have been initially identified as requiring urgent care. The Canadian Triage Acuity Scale standards for being seen by a physician are not being met.

During the RPIW week, the team develped better signage to help patients find where they need to go, and standard work for the different steps in the registration and triage process. Andons were created to help improve communication between staff members, and improved methods were developed to provide patients information about alternatives for non-urgent care, such as walk-ins clinics.

The RPIW changes had the following results at the end of the week:

- Reduced walking distance for triage nurse to room a patient by 41%
- Reduced cycle time for patient triage by 52% (110 seconds)
- Reduced lead time for patients from registration to first assessment by ER doctor by 69% (1 hour, 18 minutes)
- Patient education material developed around the CTAS scores and available medical community resources
- Signage throughout the front entrance of the hospital and ER areas
- Traige nurse interruptions were reduced and patients were better prepared when arriving at admitting due to the efforts of a volunteer greeter
- Post-discharge patients survey created and implemented in week minus-3 to help reduce patient readmissions, with positive patient feedback

Rapid Process Improvement Workshop #8: Reduce the lead time for inpatients and ER patients from requisition to service provided and image ready for viewing/ reading in diagnostic imaging for CT, X-ray and ultrasound.

Treatment and discharges can be delayed if there are delays in diagnostic imaging tests being done and available. There are a variety of reasons why there are delays, including no porters to transport patients, lack of proper identification of patients requiring diagnostic imaging exams, and communication challenges between departments.

The RPIW team developed a standard process for diagnostic imaging requisitions, for both the information and communication about requests for exams. This includes visual controls to ensure correct side of patients (left arm vs right arm) is requested for the exam.

The team also standardized the process for cleaning the diagnostic imaging exam rooms between patients, to address infection control, and developed standard work for linen supplies and re-stocking.

The RPIW changes had the following results at the end of the week:

- Eliminated the walking distance the X-ray tech had to travel to receive a requisition.
- Reduced the lead time for the X-ray tech from almost 16 minutes to 7 minutes.
- Reduced the number of requisition errors by 24 per cent.
- Improved digital room capacity for X-ray by 70 per cent.

Rapid Process Improvement Workshop #10: Reduce the patient wait time by reducing the lead time for specialists consultation in the Emergency Department.

Tannice Thompson, Nursing Unit Manager for Level 5 at Victoria Hospital, presents the result of an RPIW that was aimed at reducing wait time in the Victoria Hospital Emergency Department.

After a request is made by an Emergency Department physician for a consult by a specialist on-call, patients wait an average of more than three hours for the specialist to arrive. There are no criteria for response times, and often other priorities and responsibilities for the specialists when they are on-call.

The team, working with physicians, developed criteria for response time based on patient's triage score and clinical need, as well as criteria for non-urgent patients to be referred to a specialist's clinic.

The team also looked at the information flow, revising the consult request form to include an expected time of arrival and process for recall for specialists, and developed training and standard work to ensure data is correct in the Sunrise Clinical Manager.

The RPIW changes had the following results at the end of the week:

- Patient's time waiting for consult request reduced to less than one hour (unfortunately, this gain was not sustained in follow-up audits, and further corrective action is planned to address the issues of waiting for specialist consults)
- Changed form to request ETA, and process for setting expectations
- Form reduced from three-part to one-part, with process for copies for physicians as required/requested
- 5S project resulted in a new suture cart to be stored in a central location, with the required supplies that will be regularly checked for adequate numbers and expiry dates

Rapid Process Improvement Workshop #14: Reduce lead time for CTAS 3 patients from triage to seeing a physician in the Victoria Hospital Emergency Department.

More than half of Victoria Hospital Emergency Department patients who are

CTAS 3 (urgent care required) are waiting more than an hour to see a physician. More than eight per cent of those patients leave without being seen. Patients who are CTAS 3 can deteriorate quickly, particularly while waiting for care. The patient's condition may change, and the triage nurse is not always able to get to the waiting room to reassess the patients.

Lori Friesen, Regional Director of Pharmacy, presents the results of the Mistake Proofing Project team that examined processes for triage to assessment in the Victoria Hospital Emergency Department.

The team made changes in the fast-track room to better accommodate patients and physicians for semi-urgent and non-urgent patients, and a computer was located near the entrance for physicians to be able to more quickly call patients in from the waiting area.

Environmental Services staff are now able to access Sunrise Clinical Manager to mark when rooms are ready after cleaning, instead of having the unit clerk make the change.

The RPIW changes had the following results at the end of the week:

- Reduced lead time for assessment of CTAS 3 patients by 75 per cent.
- Reduced space required for supplies in exam rooms by 20 per cent.

Mistake Proofing Project #1: Reducing the time from triage to seen by a physician or reassessment.

Patients have been harmed due to delays in treatment, and patients are leaving without being seen by a physician. Patients are often waiting because there is a lack of space in the department, often with beds occupied by people waiting to be admitted to an inpatient unit. The Canadian Triage Acuity Scale standards are not being met.

During the Mistake Proofing Project, the team examined process for phsycians/nurses to get patient charts, and where they are kept to reduce walking for providers, and created standard work for who is responsible to bring patients into the Emergency Department.

The team also looked how a volunteer to help direct patients in the department.

The Mistake Proofing Project results include:

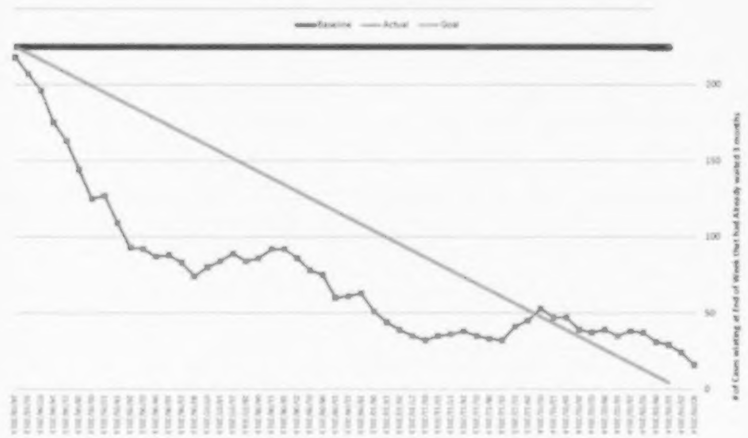
- Reduced the number of patients leaving the ER without being seen by 88%
- Reduced traige nurse walking distance by 82%
- Reduced lead time from triage to being seen by physician/reassessment by 80%

While many of the improvement event results have been positive, there has been challenges in maintaining gains. This is particularly evident when looking at the wait time for urgent care patients in the Victoria Hospital Emergency Department.

Further redesign of processes, combined with efforts to reduce backlog of patients waiting for admission to inpatient beds, and improved referral processes will be necessary to ensure the Region can reduce wait times.

Those efforts will also assist the Region in maintaining its goal of having all patients offered surgery within three months. While the Region still had some individuals who had waited longer than three months as of March 31, 2014, all of them had been offered a date for their surgery within the time frame (Chart 7, Page 24). To ensure that the Region is also focused on having the most urgent surgical cases performed quickly, the the wait time for invasive cancer surgery was also measured, with a goal of surgery within three weeks. There were times that the surgery could not be done for reasons (patient readiness, etc.), but overall Prince Albert Parkland was on target (Chart 8, Page 25).

Chart 7: PAPHR Surgical Waits over 3 months—2013-2014



Source: Saskatchewan Surgical Initiative Weekly Report

The Saskatchewan Surgical Initiative achieved remarkable success in reducing long wait times for elective surgery. During the 2013-2014 fiscal year, Prince Albert Parkland undertook several improvement events to address both wait times and safety.

Rapid Process Improvement Workshop #3: Reduce wait times for patients by decreasing OR turnover lead time.

The Victoria Hospital Operating Room turnover lead time was long and had waste during the process. There was no standard work for nurses and environment services in the cleaning or setup process. There was also no standard notification for environmental services when a room requires cleaning, and no process to notify staff that a room is ready for the next surgery and patient.

There was no standard work for set up of trays, and this can result in errors and delays in starting surgeries. Operating rooms do not always start on time.

The team worked with the staff members to create standard work for the preparation of surgical carts to avoid clutter and reduce potential for errors or contamination, as well as standard work for preparing surgical carts and the process for entering information into the appropriate records (computer work).

An "Andon" was developed to notify environmental services when a room requires cleaning, and the process for who is responsible for notifying environmental services was standardized.

The RPIW changes had the following results at the end of the week:

- Reduced walking distance for compression supplies to OR#2 by 79%
- Reduced lead time for the circulating nurse by 41.4% (20 minutes)
- Reduced lead time for the scrub nurse by 36.5% (14 minutes)
- Reduced defects on carts by 72%
- Decreased wait times for patients in adequate area
- Improved communication systems for surgeons and anesthetists, as well as for environmental services workers

Rapid Process Improvement Workshop #5: Reduce wait time for patients through the assessment process in Day Surgery.

Patients had long waits the time of arrival for a day surgery to the time the en-

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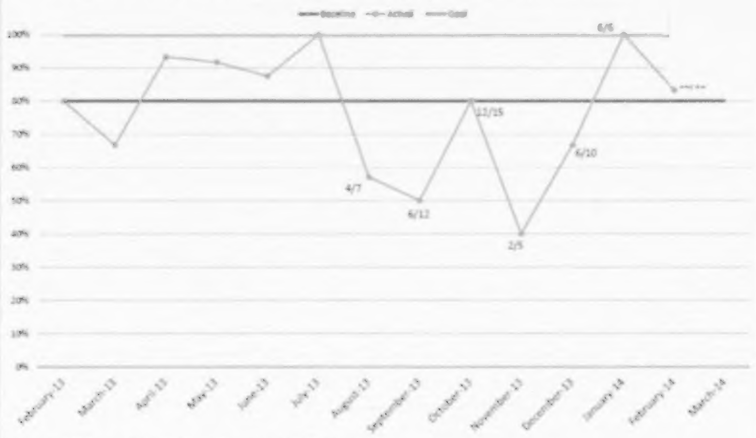
tering the Operating Room. Patients reported difficulty with needing to fast (no food or water) for many hours before their surgery, and then with additional wait time people may be many hours without – as well as dehydrated before their surgery begins.

There are also challenges with Pre-Operative patient information packages not being completed by the surgeon for OR scheduling. OR scheduling requires too much wasted motion and receives multiple copies of the same documents.

There was also a lack of standard work to support patient assessments prior to moving to the OR, which increases the risk of errors.

Chart 8: PAPHR Invasive Cancer Surgery Wait Times 2013-2014



Source: Saskatchewan Surgical Initiative Invasive Cancer Report

During the RPIW week, the team moved the area where patients are admitted/registered, and had volunteers to help provide directions to patients.

Standard work and processes were developed to scheduling patients, and use of one form for all physician offices, along with a checklist for information required prior to surgery, and a standard information package for patients, which includes surgery schedule.

The RPIW changes had the following results at the end of the week:

- Reduced day surgery nurses walking distance by 29 per cent, and movement of OR scheduling forms by 91 per cent
- Reduced the number of blank forms going to OR scheduling by 91 per cent
- Reduced patient lead time by six per cent
- Created standard work for pre-OP assessments
- Set-up time for the nurse picking up and rooming the patients was reduced by 32 per cent

Rapid Process Improvement Workshop #6: Ambulatory Care Scheduling

There have been challenges in the processes for booking appointments for ambulatory care procedures at the Victoria Hospital. This included not following the existing protocol, and lack of complete referral information. This has led to delays for patients, and additional work for staff members.

The RPIW team developed a process to better enforce a deadline for booking procedures in ambulatory care to reduce the number of add-ons during the day. They also blocked off some appointment segments to allow for add-ons during the day. The team developed a standardized booking form, and also worked to ensure that longer appointment times are scheduled for procedures that require more time.

The RPIW changes had the following results at the end of the week:

- Reduced inventory for braces by 84 per cent
- Reduced number of items in inventory for scope cases by 69 per cent
- Reduced patient walking distance for cast patients by 37 per cent (almost 300

feet walking distance)

- Reduced notice for booking by 64 per cent.
- Reduced set up time for cast room patients by 90 per cent.
- The team decreased the walking steps for cast clinic patients, and increased communication (using signs). Decreased in paper waste and booking time for scheduling clerks.

Dr. Joanne Sivertson discusses changes implemented during an RPIW with the goal to eliminate defect in the patient ad-on process in surgery that impact overtime and after-hours surgery at the Victoria Hospital.

Rapid Process Improvement Workshop #12: Decrease lead time for patient from arrival in holding to procedure start in the Victoria Hospital Operating Room

Patients have been waiting too long after they arrive at the hospital for surgery. The Operating Rooms are not always starting on time, and there is waste in motion, human resources and equipment. Standard work is not in place for surgeons, anesthetists and for processes to move patients more efficiently through their surgical experience.

Working with the staff members and physicians, the team implemented several ideas, including improving identification of patients in holding area with the operating room for their procedure.

A process was developed to determine which IVs can be started prior to the patient being moved to the operating room.

Standard work was created for all physicians (surgeons and anesthetists) to improve patient flow in the operating room. A communication method was created to indicate if patient has been seen by nurse, anesthetist and surgeon.

The RPIW changes had the following results at the end of the week:

- A team huddle in the OR is held to identify potential problems and barriers for patients, and, if required, corrective action can be taken to avoid disruptions.
- Developed standard work for the pre-OR preparation of the patient.
- Reduced patient wait time in the holding area by 8 per cent.
- Reduced the number of times a physician was not available when required by 10 per cent.
- Reduced set up for patients in holding area by 17 per cent.

Rapid Process Improvement Workshop #15: Reduce lead time for Victoria Hospital patients from holding area to starting on time with roll in to theatre with first Operating Rooms of the day.

On average, the first booked case in the Victoria Hospital operating rooms are starting late 71 per cent of the time. Patients wait unnecessarily if they are prepared and the case cannot begin on time. Patients are being deferred or cancelled at the end of the day because there is no time available or staff is working overtime to accommodate.

The RPIW team tested a change in process to ensure patients requiring an ECT can be completed in a timely fashion and avoid delays in OR start times, along with changing anesthetist scheduling to accommodate ECTs.

One significant change was to have each theatre start the day with a day surgery case, to avoid potential issues related to bed requirements for non-day surgery patients. Some exceptions are required for pediatrics and obstetrics.

A review of the scheduling process was made to balance bed capacity for patients requiring a hospital stay after surgery.

Connie Lee, Director of Primary Health Care, reports on results of a Mistake Proofing Project to reduce Post-Surgical Site Infections.

The RPIW changes had the following results at the end of the week:

- Reduced patient wait time from holding area to roll in by 20 per cent (no IV required) and 14.5 per cent (IV required).
- Reduced the number of late starts due to missing staff by 69 per cent.
- Reduced the number of late starts due to bed availability by 100 per cent.
- Improved patient safety by reinforcing the surgical site infection protocols.
- 5S work for the ante-room and eye-cart reduced inventory required by 10 per cent and 18 per cent, respectively.

Rapid Process Improvement Workshop #16: Eliminate defect in the patient ad-on process in surgery that impact overtime & after hours surgery.

Twenty-six per cent of surgeries at the Victoria Hospital are done as add-ons and after regular operating room hours.

There are times when some patients are bumped because of emergency surgeries, and there is also a patient and staff safety concern when staff members are working significant overtime.

Entire OR slates can be cancelled for a day if the staff members were doing emergency surgeries throughout the previous night.

The RPIW implemented a change in the OR booking form and created work standards to ensure all information that is required is being provided. The team created one communication tool to ensure physicians and staff members were aware of time available during following day to schedule add-ons and urgent surgeries, rather than doing them overnight. Another new communication tool was created to ensure add-on/urgent surgical patients are provided with information about surgery scheduling.

The RPIW changes had the following results at the end of the week:

- Removed almost 50 per cent of items, including supplies, from OR nurse educator's office.
- Reduced the lead time by 19 minutes from when the surgeon fills out the form until the booking process is completed.
- Eliminated the physical movement of the OR booking form.

Mistake Proofing Project #3: Reduce the risk of medication errors in the Operating Room.

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There have been two critical incidents that were the result of anesthetic medication errors. While there was no patient harm as result, the potential for patient harm is far too high. There is no consistent labeling and no standard process for drawing and labeling the medications. There is also no standard work for stocking the medication cart.

During the Mistake Proofing Project, the team tested ideas to reduce the risk of anesthetic medication errors in Operation Room. This included development of a standard for labeling that, and new labels that were ordered and placed in Operating Rooms when the carts were modified with new racks to hold them. Standard work was created for the restocking the anesthetic medications, and for the drawing and labeling of medications by anesthetists.

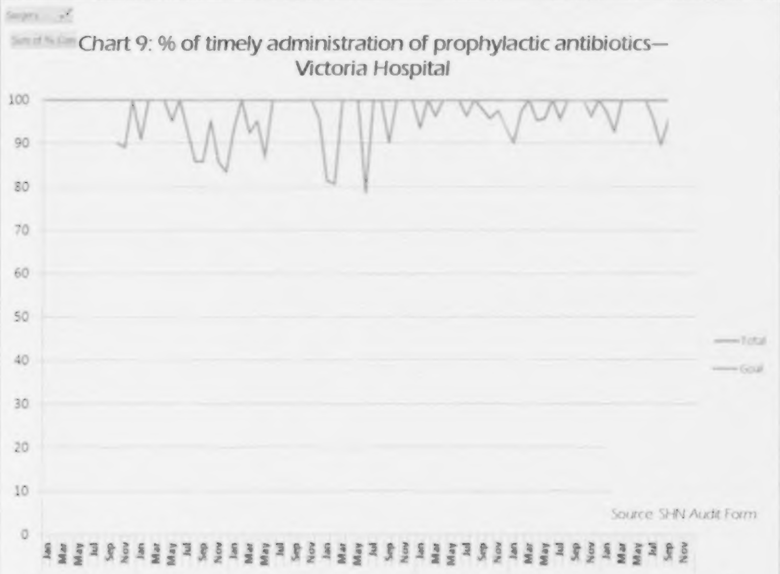

Chart 9: % of timely administration of prophylactic antibiotics—Victoria Hospital

Source: SHN Audit Form

**Operational Definition:** For c-section, arthroplasty, colorectal, and hysterectomy surgergical patients, the % of patients audited who are given prophylactic antibiotics within 60 minutes of incision (or 120 min as indicitaed by type of antibiotics)

The Mistake Proofing Project results include:

- Established standard work and process for labeling medications (error rate reduced to 0)
- Established standard work for restocking of anesthetic medication cart
- Reduced cycle time with simpler labeling process for selecting, drawing and labeling medications.

Mistake Proofing Project #8: Reduce the incident of Post-Surgical Site Infection in all cesarean sections completed at the Victoria Hospital.

Surgical Site Infection bundles (perioperative antimicrobial coverage, appropriate hair removal, normathermia, glucose control) have not consistently being applied, which results in a post-surgical infection rate for cesarean sections at higher than the provincial rate.

During the Mistake Proofing Project, the team tested ideas to reduce the risk of post-surgical site infections for cesarean sections. They created work standards for documentation of antibiotic administration, including a new data collection tool, and processes for each step for surgical patients. Standard work was developed to ensure patients receive antibiotics within one hour of cut time, and an andon (sign) to signal all staff and physicians to not enter the Operating Theatre in the obstetrics unit during a procedure, and tested a method to ensure communication can continue without people routinely entering the room during a procedure.

The Mistake Proofing Project results include:

- Increased the number of patients receiving antibiotics prior to cesarean section from 90 per cent to 93 per cent.
- Increased the collection of accurate data from 46 per cent to 99 per cent.
- Reduced the number of timed people entered the operating theatre during a procedure by 39 per cent.

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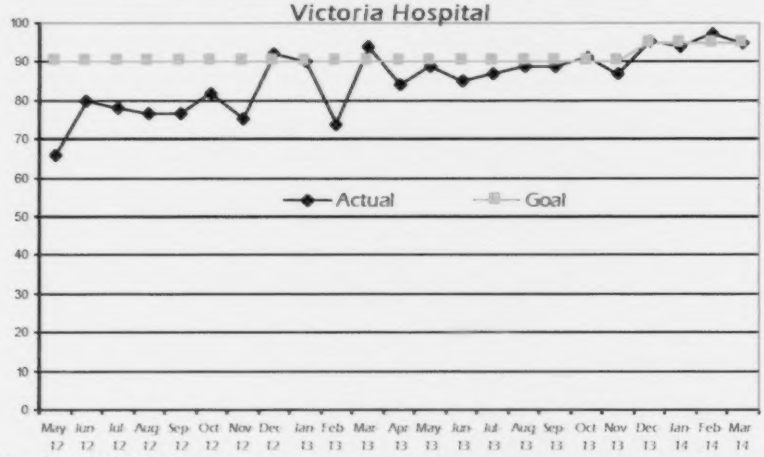
In addition to the efforts to improve safety for emergency department and surgical patients, Prince Albert Parkland had a specific focus on improving medication safety for all patients. The Region has worked to achieve 100 per cent medication reconciliation on admission to acute care. Individual Acute Care units throughout Victoria Hospital and Parkland Integrated Health Centre submitted monthly audit results to Quality Management and those reporting below target provided corrective action plans. Through dedicated and sustained attention, Acute Care was able to achieve between 85 per cent and 97 per cent of patients with completed medication reconciliation on admission (Chart 10, Page 29). This safety initiative has prevented medication errors of omission and adverse drug events by ensuring that accurate medication histories are taken and used to provide safe care while patients are in hospital.

With Medication Reconciliation being done reliably on admission, the Region expanded to medication reconciliation on discharge. Through the use of the WinPharm pharmacy software system, a best possible discharge medication list is generated. Education was provided to physicians who must complete this form to provide accurate and safe discharge medication information to the patient, community pharmacies, and other agencies as required (ie: Home care, Long Term Care). Very small audits completed in November and February showed that Discharge Medication Reconciliation is taking place between 10% and 30%. Improvement efforts will be targeted toward Med Rec on Discharge with the goal to achieving 100%.

Chart 10: Medical Reconcilation on Admission, Victoria Hospital



Source: Prince Albert Parkland: Audit data

### Seniors Care Strategy

A provincial visioning session held in December 2013 included seniors and families, health care sectors such as long-term care and home care as well as Health Quality Council, physicians and Ministry staff. The outcome revealed a picture similar to the ED waits initiative where care comes to the Senior in age-friendly communities with the emphasis on smooth transitions when needed and a focus on staying in one's own home. The initiative is in the early stages developing the plan for a Seniors Hoshin in the future years.

One initiative underway is the measurement from long-term care assessments utilizing an internationally recognized tool that reveals those at risk in the facilities. These quality indicators are measured provincially on a quarterly basis and are returned to the regions for follow-up when we are over the provincial average. The measures are:

- Residents in daily physical restraints – in conjunction with prevention of falls comes the measurement of physical restraints. The PAPHR has a least restraint policy for our elders. This policy allows freedom of movement and safety through use of hip protectors, fall mats with beds in low positions during the night and staff training on prevention of falls. A counter balance is the residents in daily physical restraints that should not rise as a result of falls being prevented.

- Antipsychotics without a diagnosis – Antipsychotics are reviewed quarterly for use without a psychiatric diagnosis. Many antipsychotics are not recommended for use in the elderly and alternate drugs are available for conditions that may require stabilization without using antipsychotics.
- Residents whose pain worsened – Many chronic conditions cause pain. This measurement ensures that the elders' pain is controlled and not escalating.
- Residents whose Stage 2 to 4 Pressure Ulcer Worsened – prevention of pressure ulcers from low protein in a diet, shearing with movement and pressure on skin against areas with large bones such as hips is an ongoing measurement. All residents are screened for risk of pressure ulcers and this measurement identifies any facilities that might have a rise in pressure ulcers. Quite often Long Term Care sees pressure ulcers with residents on admission and treat these immediately.

The Region has a specific team look at pressure ulcers and prevention as part of Mistake Proofing Project #7: Eliminating the defect of Long-term Care residents acquiring or progressing pressure ulcers (Paradise Path, Herb Bassett Home).

Minister of Health Dustin Duncan speaks with members of the public who attended the launch of the Home First pilot project in Prince Albert Parkland in February 2014.

A lack of mobility, poor nutrition, chronic disease, and failure to follow best practices contribute to residents. There is dependence on verbal communication, and written wound care information is not consistent. Most procedures are done ad hoc, and there is no consistent paln for repositioning residents. Staff members were not aware of the tools/documents available to support best practices.

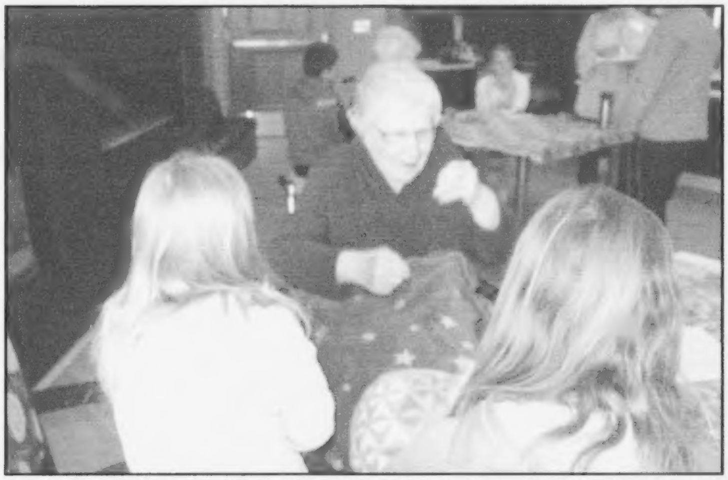
Residents whose bladder continence worsened – a frequent plague of the elderly is Urinary Tract infections which can lead to incontinence or loss of bladder control. Other chronic conditions can lead to this as well. The goal is to maintain continence with adequate hydration and exercise.

During the Mistake Proofing Project, the team worked with staff to individualized wound care supplies in each patient room to eliminate need to move a wound care cart. The team developed indicators for residents who required repositioning, including intervals required as part of best practice, and residents with pressure ulcer scores of greater than 3 are now automatically referred to occupational therapy for development of care plan.

The staff assignment board identifies residents at high-risk, and staff members have a device available to notify them when a resident requires repositioning. A training plan is in place for staff members on repositions, including education about the time required to complete the task.

The Mistake Proofing Project results include:

- Eliminated the wound care cart and distance travelled to retrieve supplies.
- Time between repositioning has been standardized.
- Residents with a pressure ulcer reduced from 6 to zero.



Elementary school students visit with residents at the Parkland Integrated Health Centre in March 2014.

In addition to the improvement work to support the specific priority objectives, the Region undertook other events to address access, quality and safety for patients and staff. This includes two events to reduce wait times and turnover times for moving new residents into long-term care facilities.

Rapid Process Improvement Workshop #9: Reduce new resident lead time

There is often a long period of time after a room becomes available in a long-term care facility before a new resident can be placed. The lead time is influenced by a number of factors, including adherence to policy for family to remove personal belongings, need for renovations/maintenance work, notification of availability of room, and decision process for who is moving into the new room.

The RPIW team developed a notification process for maintenance as well as Home Care for placement process to begin, and created standard work for room maintenance processes.

The team also developed standard work for notification of family and others when a death occurs in a long-term care facility, clarifying roles and responsibilities for staff members.

The RPIW changes had the following results at the end of the week:

- Changed lead time for rooms not requiring renovations from more than 8 days to about 1 day
- Changed lead time for rooms requiring renovations from more than 16 days to about 6 days
- Reduced walking for maintenance request by having it done using electronically for all requests, with a reduced time required by nursing mangers to just over two minutes from almost 14 minutes

Rapid Process Improvement Workshop #13: Decrease lead time from when long-term care room is available until resident is ready for occupancy

After a long-term care bed becomes available, it is often vacant for several days. This a result of challenges in the identification and placement of an appropriate individual who has already been assessed as requiring long-term care. There are inconsistencies in managing the priority list, and ensuring the resident and family members are prepared for the move.

# Progress in 2013-2014

Working with staff at the Parkland Integrated Health Centre in Shellbrook, the RPIW team created standard work for long-term care room availability notification, and the admission process to improve flow when a facility's director of care is not available. The team also worked to provide clarity for the priority list by including hospital admission date for individuals waiting in hospital for long-term care placement, and developed criteria to clarify definition of client in "crisis" for placement purposes.

The RPIW changes had the following results at the end of the week:

- Reduced time from vacancy notice to resident chosen by 99 per cent, and from vacancy to home care notification by 98 per cent.
- Reduced the number of defects in identifying vacancy process in facilities by 27 per cent.
- Reduced time to select appropriate individuals for placement by 95 per cent.

The reduction of time in moving individuals into long-term care facilities can assist in patient flow through hospitals, where there are often many people waiting for placement. Those individuals require care, but a hospital is not appropriate. It also can create bed management problems within the hospital, delaying admissions from the emergency department, or causing surgeries to be cancelled if acute-care beds are not available.

Cakes are cut at the 30th anniversary celebration for the Herb Bassett Home in March 2013.

Another key part of the patient care continuum is ensuring timely access to follow-up services, such as therapies. The Therapy Department at the Victoria Hospital was the focus of Rapid Process Improvement Workshop #17: Reduce the lead time for a patients accessing Therapies Outpatient services at Victoria Hospital.

There was no standard work for booking initial assessments among therapists, and scheduling software presents a challenge. For urgent outpatients the wait is 1-4 weeks, and non-urgents can be up to 8 months.

The RPIW team developed a process to contact clients waiting for assessment to reassess needs for therapy, and also to refer chronic clients to Co-operative Health Centre (covered services). A standard template was created for new clients.

Process improvement also included increased communication with patients scheduled to attend drop-in clinics. Working with the staff, the team developed a process to alert therapists when patients arrive, and for access to computer during appointments.

The RPIW changes had the following results at the end of the week:

- Reduced backlog of non-urgent patients by 58 per cent.
- Reduced therapist walking distance for rooming patient by 89 per cent.
- Reduced no-show rate by 29 per cent.
- Increased capacity for non-urgent patients by 50 per cent.

# Progress in 2013-2014

Improving patient safety and reducing the risk of medical errors that cause harm were the focus on several events, including:

Mistake Proofing Project #2: Reduce the number of errors when reporting laboratory results.

Errors and defects in reporting laboratory results have resulted in harm and potential harm for patients. With about one million tests per year (upwards of 3,000 per day) at the Victoria Hospital laboratory, ensuring the correct result is provided in a timely manner is vital for patient care and safety. There was a lack of standard work, which means staff are relying on experience and training rather than procedures and processes to ensure work is being correctly. This also creates challenges for training new staff members. There are also several opportunities for interruption of work, which can lead to errors being missed, and defects being passed along to the providers and patients.

Residents of the Evergreen Health Centre in Leoville enjoy a favorite activity for many of them—a wiener roast in the back yard at the Special Care Home in Leoville in June 2013.

The Mistake Proofing Project team worked with the laboratory staff to identify improvement opportunities, which included relocating a telephone to reduce the number of interruptions for the technical staff and change to scheduling process to avoid challenges with staff shortages (particularly support staff).

The team also looked at methods for improving how bar codes stick to the tubes, and the process for sample collection to improve timely testing.

The Mistake Proofing Project results include:

- Achieved zero defects in reporting laboratory results
- Reduced interruptions for technician by 97.5%
- Reduced rework by 27.8%
- Reduced lead time for results release by 94.6%

The team stated that for improvement efforts to work, staff need to be involved so they feel they are part of the solution. Small changes can make huge differences. It is important to pay attention to the human element and listen to what staff need, and align skills with job required. It is also important to have a lot of data—don't make assumptions.

Mistake Proofing Project #4: Total Parenteral Nutrition

Total Parenteral Nutrition (TPN) requests are received in pharmacy 7 days per week. The processes for the pharmacist and pharmacy technician have been identified as a high risk for errors, including calculations and labeling errors. The most common errors are in the mixing of the TPN. Current safety checks in the system are self-checks and successive checks.

For the Mistake Proofing Project, the team changed the manual process for calculating formulas to an electronic process to reduce order errors. Standard work using an electronic process was developed to obtain TPN orders and proper labeling, and for TPN mixing.

The Mistake Proofing Project results include:

- Zero transcription errors post-improvement change
- Some work (math) is safer with automation

Mistake Proofing Project #5: Narcotic Administration (Victoria Hospital, Level 5)

There are four medication cards on the ward, with one nurse assigned to each cart. This could be an RN or an LPN. There were 19 documented narcotic errors in the previous year, with the most common being the wrong dose, followed by missed doses and doses being given at the wrong time.

During the Mistake Proofing Project, the team developed signals to ensure nurses doing medication processes were not disturbed to avoid interruptions that can lead to errors. The medication cart was reorganized to ensure consistency and ease of finding proper supplies and medications. Andons were developed to alert staff about narcotics with similar names to avoid errors.

Standard work was created for narcotic medication administration and the restocking of the medication cart. An education package was developed to ensure all staff members have knowledge of current best practices.

The Mistake Proofing Project results include:

- Improvement in level of inspection by creating andons and standard work.
- Reduced error rate from 18 per cent to zero per cent.

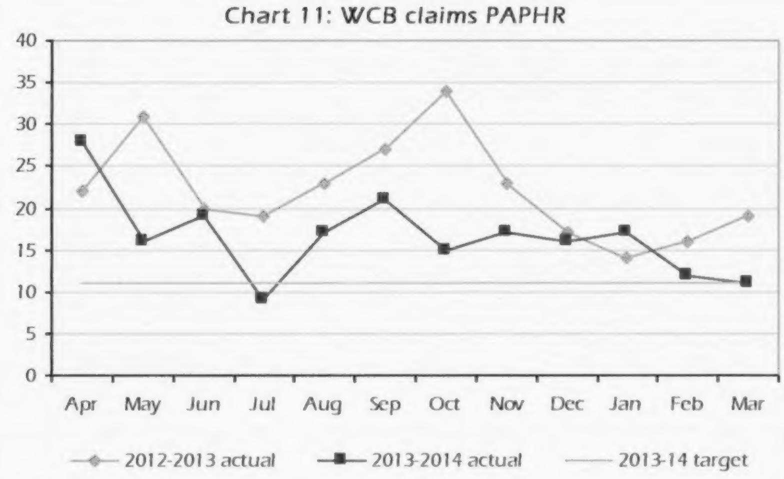


Chart 11: WCB claims PAPHR

Source: Workers Compensation Board

A key factor in the Region's ability to deliver quality, safe health care services is ensuring staff and physicians are safe and healthy.

Workplace injuries impact safe client care through increased work load, sick time absenteeism, overtime, and staff fatigue contributing to low staff morale. It impacts on the ability to provide quality service, and increases the financial burden of the healthcare system by diverting resources away from patient care. The Region is looking to reverse the trends, and reduce sick time, overtime and workplace injuries. WCB claims continue to be a concern (Chart 11, Page 34). The plan to reduce injuries includes:

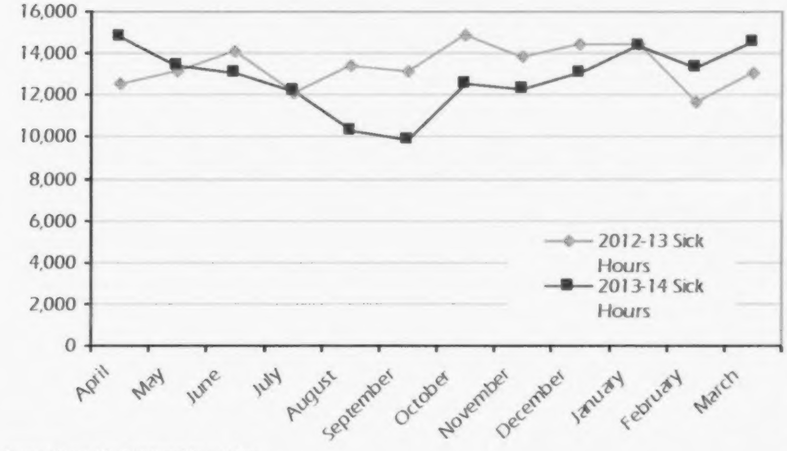
- Sites with the highest number of claims have targeted support to increase employee engagement, increase safety training rates and mentor staff in safe work practices.
- All sites and departments are required to complete a formal root cause investigation for all workplace incidents that result in a WCB claim within 72 hours of the incident.
- Regional sites and departments are working towards completing Safety Management System Self Assessments.

In addition, the Region implemented an Employee Wellness Program in Septem-

# Progress in 2013-2014

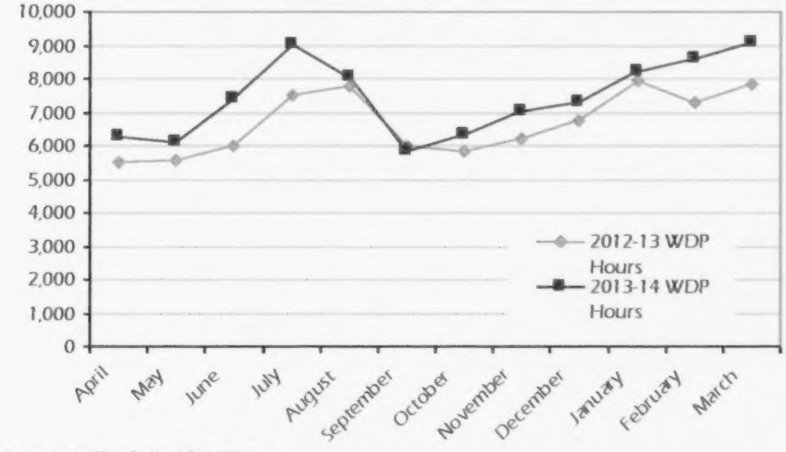
ber 2013, to address challenges associated with sick time usage. This program includes specific support for managers and employees through the Human Resource department. A tracking system for sick time usage can identify trends and assist in providing assistance to specific individuals, as well as development of policies to promote a healthier work place.

Chart 12: Sick time hours PAPHR



Source: Prince Albert Parkland Payroll data

Chart 13: Wage driven premium hours PAPHR



Source: Prince Albert Parkland Payroll data

Following the implementation of the new program, sick time usage declined dramatically compared to the previous year (Chart 12, Page 35). There was a challenge sustaining the gains in the following months, especially where there were illness outbreak. Improved attention for infection control protocols may be required to reduce the spread of illnesses in health care facilities.

One puzzling aspect of the reduction in sick time hours was that it was not followed by an accompanying reduction in the use of wage driven premiums (particularly overtime hours) during that same time period (Chart 13, Page 35) when compared to the previous year.

A lack of relief staff available at regular rates, rather than employees being called in to fill vacancies, was identified as a primary driver of overtime usage. As discussed in the Overview section (Page 12), the Region continues efforts to recruit adequate staff to fill all permanent positions, but temporary vacancies and relief staffing will continue to provides challenges to maintain services volumes.

# Better

# Progress in 2013-2014

## >> Care

Carol Udey, left, and Brooke Guedo, dietitians at the Victoria Hospital, recently completed a course to certify them for supporting specialized nutritional needs for patients.

Staff members from the Mental Health Inpatient Unit celebrated the launch of the Vocera system, a tool that will improve communication and staff safety.

# Progress in 2013-2014

The Ministry of Health introduced the Saskatchewan Health Plan for 2013-2014, following consultation with the Regional Health Authorities and stakeholders. The plan was developed using the method of Hoshin Kanri, which builds on the Lean management tools to focus organizations on priority areas for improvement.

Better Value's broad goal is: Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

There are eight provincial targets under Better Care:

- By March 31, 2015, shared services will improve quality while achieving $100 $100 million in accumulated savings.
- By March 31, 2017, all key infrastructure (IT, capital, facility renewal) will be coordinated, integrated and delivered on a provincial basis.

More than 40 Prince Albert Parkland employees and physicians participated in a 3P event as part of the planning for the redevelopment of the Victoria Hospital. The March 2013 event focused on the front entrance, emergency department, medical imaging, operating room and recovering. This is among the first planning steps using Lean methodology for a redeveloped Victoria Hospital.

- By March 31, 2014, eHealth and 3S Health will work in partnership with key stakeholders to develop a strategy to integrate IT/IM services throughout the health system.

This section will discuss the work the Prince Albert Parkland Health Region is undertaking to achieve those goals during the 2013-2014 fiscal year.

Prince Albert Parkland did not have a specific strategy for these targets; however the Region worked with the Ministry of Health, 3sHealth, and eHealth as part of the provincial efforts to achieve the targets for Better Value.

Regional management staff are working as part of the planning process for several Shared Services businesses cases, the development of which is being led by 3S Health Shared Services Saskatchewan (3sHealth). Alongside the health regions, 3sHealth celebrated the following key achievements in 2013-14:

- Establishing a linen services agreement that will create a long-term, sustainable solution for healthcare linen services throughout the province, improving the patient experience, ensuring patient and worker safety, and capturing $98 million in savings over 10 years.
- Leveraging of group purchasing contracts to increase the health system's buying power through provincial and national procurement contracts for clinical supplies and services, resulting in new available savings of $7.8 million.
- Completing the Gateway Online project, which provides all employees in the Saskatchewan health sector with access to personal employment information in a centralized digital space.
- Exceeding the $10 million annual provincial savings target, producing cost savings for the provincial healthcare system totaling over $23 million.

The focus of 3sHealth's work in 2013-14 was on identifying opportunities for improvement that will improve quality of care for Saskatchewan patients and lower

# Progress in 2013-2014

the cost curve for the system. As part of this work, 3sHealth explored potential shared services in key areas including medical imaging, medical laboratory services, information services / information management, transcription services, enterprise risk management, supply chain and environmental services.

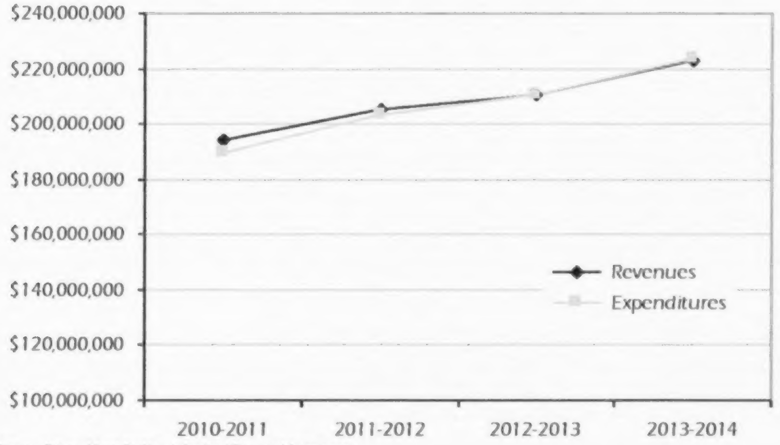
Through ongoing collaboration with our health region and SCA partners, 3sHealth has exceeded $93 million in total savings, and we are ahead of schedule in our goal of achieving our $100 million five-year target. 3sHealth looks forward to celebrating this significant milestone next year with health sector partners to transform health-care together.

The Region began the planning process for the redevelopment of the Victoria Hospital. This included a 3P event in late March 2014. More than 40 staff members, physicians, and patient representatives, along with consultants, spent five days working on the design elements for five areas within the Victoria Hospital. They looked at the front entrance, emergency department, medical imaging, operating room, recovery room. The event used Lean methodology to ensure the design is able to best manage the 7 Flows of Medicine—patients, families, provider, medications, supplies, information, and equipment.

The 3P event uses smaller scale and large scale models, as well as life-size mock-ups of rooms, to assist the participants in understanding how people, supplies and equipment will move most efficiently in the space available. Participants also examined the amount of transportation of people and supplies is required, and seek to minimize walking distance for patients, families and providers. Two other 3P events will be held prior to finalizing a plan for the redevelopment of the Victoria Hospital. In the 2014-2015 budget, the provincial government committed $2 million for facility planning for the renewal of the Victoria Hospital.

A key goal for the Region is financial stability. For the 2013-2014 fiscal year. The Region had an operating surplus of $452,432 for the year ended March 31, 2014. This surplus is reduced to a deficit of $655,278 after the required transfers to the region's capital account for Long Term Care reserves, mortgage payments and energy performance loan payments and information technology equipment purchases. Further discussion of the financial status of the Region, along with the audited financial statements, begins on Page 41.

Chart 14: PAPHR Revenues vs. Expenditures



Source: Prince Albert Parkland: Audited Financial Statements

# Better

## Teams

## Progress in 2013-2014

The Ministry of Health introduced the Saskatchewan Health Plan for 2013-2014, following consultation with the Regional Health Authorities and stakeholders. The plan was developed using the method of Hoshin Kanri, which builds on the Lean management tools to focus organizations on priority areas for improvement.

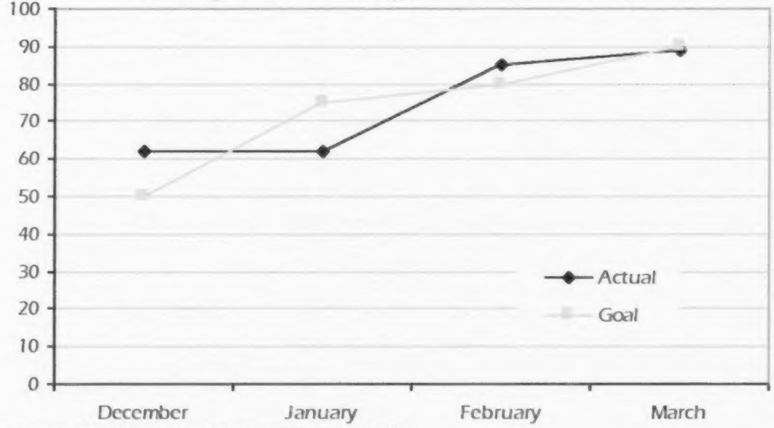
Better Teams' broad goal is: Build safe, supportive and quality workplaces that support patient-and family-centered care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers

There are two provincial targets under Better Teams:

- By March 31 2017, more than 1000 focused Lean training & Kaizen events involving staff, physicians and patients will be undertaken in multiple areas of the health system..
- By March 31, 2017, 100% of staff and physicians are continuously improving care and service through visual daily management.

This section will discuss the work the Prince Albert Parkland Health Region is undertaking to achieve those goals during the 2013-2014 fiscal year.

Chart 15: PAPHR Managers with Visual Daily Management training (as of March 2014)



Source: Prince Albert Parkland Quality Management Department Data

The key strategy for Prince Albert Parkland is that by March 31, 2014 100 per cent of managers in PAPHR will develop, implement and complete standard work towards continuous improvement and support of teams/units to provide care and service that results in an improvement in patient and family satisfaction. Patients, clients, and residents—all of the people the Region serves, need leadership that supports teams to provide valued care and services as they define it. Leadership is about focusing on quality improvement by ensuring better health, better care, better value and better teams.

To plan to achieve this goal includes:

- Identify and share Best Practice for Managers (daily and visual management)
- Define the term manager and then determine necessary Manager Competencies (behavioural & technical) (make recommendations for moving forward)
- Conduct follow up survey
- Identify & Develop Standard Work for managers
- Kaizen Basics completion
- New manager orientation

A series of learning events were held for managers, including a focus on tools to assist with daily management, measurement and data collection, along with specific process training.

A key training initiative is the use of Visual Daily Management. Training sessions in 2013-2014 focused on:

# Progress in 2013-2014

- Developing a purpose statement;
- Identifying primary processes in your department and develop a process map;
- Measurement – Quality, Cost, Delivery, Safety, Morale;
- How to identify and trial improvements; and
- Communication – huddles at visibility wall.

Visual Daily Management is part of the Lean management system being adopted by the Saskatchewan Healthcare System, including Prince Albert Parkland.

Visual Daily Management is the base for all Lean methodology. Identifying key measurements and monitoring those on a regular basis for each program and facility enables staff members and their managers to determine any areas of concern quickly. They can then make any changes within the department's processes to address those concerns. It is through use of visual daily management that continuous improvement using small, measureable changes can be sustained.

Including to the Visual Daily Management training, the Region has undertaken 87 focused lean training and kaizen events in 2013-14. This includes Kaizen Basics training for existing and new staff members, Lean Leader Training, Mistake Proofing Project, Rapid Process Improvement Workshops, 3P planning and event; and quarterly reviews.

The individuals recognized at the 2013 Prince Albert Parkland RHA Health Excellence Awards, from left, Terry Fjeld (Peer Support), Irene Piguet (Attitude), Alma Latus (Volunteer), Jennifer Proulx (Lifetime Achievement), Margaret Morgan (Workplace Safety), Sylvia Szeszorak (Client Centred Approach), and Charles Vachon (Quality of Work).

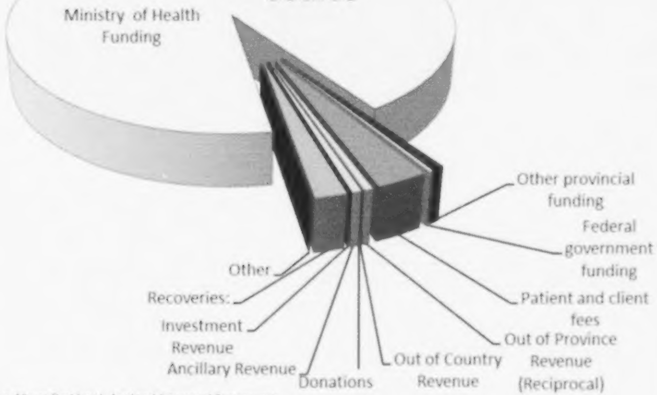
Members of the Adult Addiction Services Team, who were recognized at the 2013 Prince Albert Parkland RHA Health Excellence Awards for their work to improve access and reduce no show rates for their clients. The processes they developed have been adopted in mental health and addiction services to enhance access for all adults, youth and children.

# Financial Overview

Prince Albert Parkland Health Region had an operating surplus of $452,432 for the year ended March 31, 2014. This surplus is reduced to a deficit of $655,278 after the required transfers to the region's capital account for Long Term Care reserves, mortgage payments and energy performance loan payments and information technology equipment purchases.

Revenue (Chart 16. Page 41) is over budget $6,837,812 for the year. The Ministry of Health set up a payable for two full years of Canadian Union of Public Employees' (CUPE) retroactive pay for in the amount of $4,315,770 at the end of the year, this makes up a large portion of the variance. The Region received $713,011 during the year for the Shellbrook and Spiritwood physicians; this funding was not included in the annual budget. Funding was also received during the year for increases in pension contributions and Out of Scope compensation totaling $409,417.

**Chart 16: 2014-2015 Operating Revenue by Source**



Source: Prince Albert Parkland Audited Financial Statements

Deferred revenue is over budget $338,019; targeted funds for projects in Primary care, Infection control, Health Promotion, Public Health, HIV and Autism were recognized when the funds were expended these funds account for $221,722 of the positive variance in revenue.

Expenditures (Chart 17, Page 42) are over budget $7,429,735 for the year. Compensation and benefits combined are over budget $5,893,943. The main reason for the large over expenditure in compensation is the 2012-2013 and 2013-2014 CUPE retroactive payments totaling $3,960,808 for the region's employees. The Region expended an additional $2,032,268 over budget in compensation due to overtime, sick time, increases in salaries and benefit payments during the year and workload issues caused by running over capacity in several departments in the Victoria Hospital throughout the year.

Medical remuneration is over budget $1,345,011, with additional funded positions as well as retroactive increases and additional radiology fees for increased volumes were the main reasons for this variance. Grants to Health Care Organizations and Affiliates is over budget $485,017 the majority of this was expensed to our Affiliate; $354,962 of the 2012-2013 and 2013-2014 CUPE retroactive payment was estimated to be payable to Mont St Joseph staff members, additional funding throughout the year for Urgent Issues Action Fund and salary and pension contribution increases amounted to an additional $43,290 in payments to our affiliate.

Some of the program-specific challenges include:

- Acute Care—Average Daily Census (ADC) at the Victoria Hospital has increased to 131.46 patients per day from 130.71 in 2012-2013. The facility's ADC remains at 98 per cent of capacity. As has been reported throughout the year this high ADC is the cause of workload issues as some wards are running overcapacity on a regular basis.

# Financial Overview

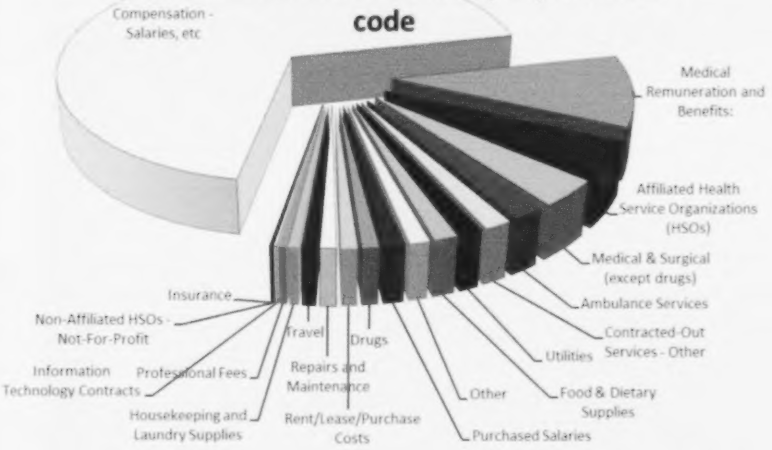
- Laboratory and Radiology—The number of X-Ray exams increased in all facilities except Hafford, which saw a decrease of 245 exams. Computerized Tomography (CT) exams have also increased from 7,191 exams in 2012-2013 to 8,138 exams this fiscal year.
- Long Term Care—The ADC in each of the Long Term Care facilities is very close to capacity with the lowest being 95.24 per cent of capacity in Big River.
- Community Health—Primary Care has seen an increase in total visits of 7,785 compared to last year. The only site seeing a drop in the number of visits was Shellbrook who have seen providers leaving the community this year.
- Addictions and Mental Health—The statistics for all areas of Community Mental Health and Addictions show an increase in volumes of new files or visits during 2013-2014.

Use of sick time and wage driven premiums remain a challenge, and continue to have a negative effect on Prince Albert Parkland's financial status. As discussed in the Progress in 2013-2014 section under Better Teams, the Region implemented an Employee Wellness program to help reduce overtime. There were successes in the second half of the fiscal year. It will be vital for the Region's financial status to continue and build upon those successes.

Having increased availability of relief staff is also a priority, to ensure that minimal overtime is required when there are vacancies to fill due to both expected and unexpected vacancies.

While this deficit in 2013-2014 was not a significant portion of the overall expenditures (0.3 per cent), it is important that the Region continue efforts to manage costs and achieve a surplus in future years.

**Chart 17: 2013-2014 results by expenditure code**



Source: Prince Albert Parkland Audited Financial Statements

# Management Report

## Management's Responsibility

To the Saskatchewan Ministry of Health

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian public sector accounting standards for government not-for-profit organizations and ensuring that all information in the annual report is consistent with the statements. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In accordance with instructions from the Saskatchewan Ministry of Finance, the Prince Albert Parkland Regional Health Authority has reported 24.7% of total construction costs for the Herb Bassett Home addition as a capital asset.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors is composed entirely of Directors who are neither management nor employees of the Regional Health Authority. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Board is also responsible for recommending the appointment of the Regional Health Authority's external auditors.

MNP LLP is appointed by the Board of Directors to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Board and management to discuss their audit findings.

May 28, 2014

Chief Executive Officer

Vice President of Finance

# Auditor's Report

## Independent Auditors' Report

To the Board of Directors of Prince Albert Parkland Regional Health Authority:

We have audited the accompanying financial statements of Prince Albert Parkland Regional Health Authority, which comprise the statement of financial position as at March 31, 2014 and the statements of operations, changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

*Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, for government not-for-profit organizations and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

*Auditors' Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall financial statement presentation.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

*Basis for Qualified Opinion*

A co-ownership agreement dated January 30, 2013 has been signed by the Province of SK, represented by the Ministry of Health ("MOH") and the Prince Albert Parkland Regional Health Authority ("RHA") whereby an addition to the existing Herb Bassett long-term care home is co-owned 75.3% by the MOH and 24.7% by the RHA. The cost of this development has been accounted for as a government partnership and a tangible capital asset equal to a 24.7% share of the construction costs has been recorded as a capital asset. Based on the economic substance of the arrangement, Canadian Public Sector Accounting Standards require that 100% of the costs be reported as a capital asset. As a result, capital assets and fund balances invested in capital assets as at March 31, 2014 are understated by $16,479,859, grant revenue of the capital fund for the year ended March 31, 2014 is understated by $7,129,617 and opening capital fund balances are understated by $9,350,242.

*Qualified Opinion*

In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly in all material respects the financial position of Prince Albert Parkland Regional Health Authority as at March 31, 2014 and the results of its operations, changes in fund balances and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Prince Albert, Saskatchewan

May 28, 2014

MNP LLP

Chartered Accountants

# Audited Financial Statements

>> As of
March 31,
2014

**Statement 1**

# PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## STATEMENT OF FINANCIAL POSITION
### As at March 31, 2014

| | | Restricted Funds | | | |
|---|---|---|---|---|---|
| | Operating Fund | Capital Fund | Community Trust Fund | Total March 31, 2014 | Total March 31, 2013 |
| ASSETS | | | | | |
| **Current assets** | | | | | |
| Cash and short-term investments | $ 10,057,090 | $ 9,876,260 | $ 142,069 | $ 20,075,419 | $ 22,136,827 |
| Accounts receivable | | | | | |
| Ministry of Health - General Revenue Fund | 4,790,116 | 568,866 | - | 5,358,982 | 461,942 |
| Other | 1,712,009 | 1,906,613 | 286 | 3,618,908 | 6,982,599 |
| Inventory | 914,722 | - | - | 914,722 | 862,540 |
| Prepaid expenses | 902,185 | - | - | 902,185 | 1,012,991 |
| | 18,376,123 | 12,351,739 | 142,355 | 30,870,217 | 31,456,899 |
| **Long Term Receivables (Note 3 )** | - | - | 650,889 | 650,889 | 643,586 |
| **Investments** (Schedule 2) | - | - | - | - | 33,484 |
| **Capital assets** (Note 4) | - | 90,740,426 | - | 90,740,426 | 87,591,131 |
| **Total Assets** | $ 18,376,123 | $ 103,092,165 | $ 793,243 | $ 122,261,532 | $ 119,725,099 |
| LIABILITIES & FUND BALANCES | | | | | |
| **Current liabilities** | | | | | |
| Accounts payable | $ 8,083,266 | $ 2,337,295 | $ - | $ 10,420,561 | $ 12,545,320 |
| Other Payable - Prince Albert Grand Council | 180,848 | - | - | 180,848 | 180,848 |
| Accrued salaries | 7,013,360 | - | - | 7,013,360 | 2,951,856 |
| Vacation payable | 11,822,767 | - | - | 11,822,767 | 11,831,562 |
| Bank Loan payable - Current (Note 6) | - | 189,000 | - | 189,000 | 179,000 |
| Mortgages payable – Current (Note 6) | - | 534,309 | - | 534,309 | 500,272 |
| Deferred Revenue (Note 7) | 5,705,667 | - | - | 5,705,667 | 5,751,215 |
| | 32,805,909 | 3,060,604 | - | 35,866,512 | 33,940,073 |
| **Long term liabilities** | | | | | |
| Bank Loan Payable (Note 6) | - | 3,581,000 | - | 3,581,000 | 3,770,000 |
| Mortgages payable (Note 6) | - | 4,672,581 | - | 4,672,581 | 5,216,341 |
| Employee future benefits (Note 11) | 5,771,400 | - | - | 5,771,400 | 5,762,600 |
| **Total Liabilities** | 38,577,309 | 11,314,185 | - | 49,891,493 | 48,689,014 |
| **Fund Balances:** | | | | | |
| Invested in capital assets | - | 81,763,538 | - | 81,763,536 | 77,925,518 |
| Externally restricted (Schedule 3) | - | 5,211,203 | 793,243 | 6,004,447 | 8,043,024 |
| Internally restricted (Schedule 4) | - | 4,803,240 | - | 4,803,241 | 4,613,450 |
| Unrestricted | (20,201,185) | - | - | (20,201,185) | (19,545,906) |
| Fund balances – (Statement 3) | (20,201,185) | 91,777,980 | 793,243 | 72,370,038 | 71,036,085 |
| **Total Liabilities & Fund Balances** | $ 18,376,123 | $ 103,092,165 | $ 793,243 | $ 122,261,532 | $ 119,725,099 |

Commitments (Note 5)
Asset Retirement Obligations (Note 5)
Pension Plan (Note 11)

Approved by the Board of Directors:

The accompanying notes and schedules are part of these financial statements.

Statement 2

# PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
### As at March 31, 2014

| | Operating Fund | | | Restricted | | | |
|---|---|---|---|---|---|---|---|
| | Budget 2014 | 2014 | 2013 | Capital Fund 2014 | Community Trust Fund 2014 | Total 2014 | Total 2013 |
| **REVENUES** | | | | | | | |
| Ministry of Health - general | $ 201,940,063 | $ 208,127,529 | $ 196,860,871 | $ 3,534,445 | $ - | $ 3,534,445 | $3,915,377 |
| Other provincial | 1,636,592 | 1,574,875 | 1,479,803 | - | - | - | - |
| Federal government | 372,265 | 486,485 | 600,730 | - | - | - | 283,337 |
| Patient & client fees | 6,839,035 | 6,873,522 | 6,826,746 | - | - | - | - |
| Out of province (reciprocal) | 630,640 | 1,055,263 | 828,428 | - | - | - | - |
| Out of country | 100,000 | 134,541 | 22,127 | - | - | - | - |
| Donations | 53,000 | 44,212 | 37,592 | 1,087,698 | - | 1,087,698 | 439,244 |
| Ancillary | 1,283,358 | 1,216,784 | 1,116,730 | - | - | - | - |
| Investment | 225,000 | 99,233 | 269,626 | 107,386 | 11,467 | 118,853 | 177,924 |
| Recoveries | 3,792,743 | 4,216,715 | 3,764,611 | 1,174,228 | - | 1,174,228 | 6,551,151 |
| Research grants | - | - | - | - | - | - | - |
| Other | 166,277 | 47,627 | 116,920 | 267,550 | - | 267,550 | 140,449 |
| **Total revenues** | **217,038,974** | **223,876,785** | **211,924,185** | **6,171,307** | **11,467** | **6,182,773** | **11,507,482** |
| **EXPENSES** | | | | | | | |
| **Inpatient & resident services** | | | | | | | |
| Nursing Administration | 4,504,210 | 4,720,441 | 4,730,216 | 583,847 | - | 583,847 | 16,082 |
| Acute | 39,041,955 | 42,087,486 | 40,508,713 | 1,817,945 | - | 1,817,945 | 1,772,325 |
| Supportive | 32,512,809 | 35,583,222 | 33,868,401 | 691,790 | - | 691,790 | 1,517,453 |
| Integrated | - | - | - | - | - | - | - |
| Rehabilitation | - | - | - | - | - | - | - |
| Mental health & addictions | 5,645,557 | 5,686,110 | 5,005,480 | 11,759 | - | 11,759 | 12,371 |
| **Total inpatient & resident services** | **81,704,532** | **88,077,259** | **84,112,810** | **3,105,341** | - | **3,105,341** | **3,318,230** |
| **Physician compensation** | **20,128,537** | **21,455,796** | **18,275,993** | **687** | - | **687** | **687** |
| **Ambulatory care services** | **11,791,625** | **11,602,464** | **11,720,778** | **193,640** | - | **193,640** | **242,810** |
| **Diagnostic & therapeutic services** | **19,653,269** | **19,817,658** | **19,248,661** | **602,335** | - | **602,335** | **442,826** |
| **Community health services** | | | | | | | |
| Primary health care | 3,430,575 | 2,964,439 | 2,587,019 | 4,004 | - | 4,004 | 6,527 |
| Home care | 11,847,892 | 11,503,054 | 11,413,466 | 18,437 | - | 18,437 | 18,611 |
| Mental health & addictions | 13,530,829 | 12,524,136 | 10,929,485 | 108,198 | - | 108,198 | 108,021 |
| Population health | 7,465,783 | 7,427,412 | 7,027,924 | 62,938 | - | 62,938 | 5,169 |
| Emergency response services | 4,301,401 | 4,274,986 | 4,276,037 | 141,801 | - | 141,801 | 1,715 |
| Other community services | 420,501 | 327,564 | 381,566 | - | - | - | 252 |
| **Total community health services** | **40,996,981** | **39,021,591** | **36,615,496** | **335,378** | - | **335,378** | **140,295** |
| **Support services** | | | | | | | |
| Program support | 10,839,583 | 10,177,246 | 9,626,297 | 235,210 | - | 235,210 | 107,733 |
| Operational support | 29,955,715 | 32,388,634 | 30,276,893 | 546,567 | - | 546,567 | 232,312 |
| Other support | 481,245 | 384,272 | 394,729 | 194,342 | 37,384 | 231,726 | 212,906 |
| Employee future benefits | - | 8,800 | 400 | - | - | - | - |
| **Total support services** | **41,276,542** | **42,958,951** | **40,298,319** | **976,120** | **37,384** | **1,013,504** | **552,951** |
| **Ancillary** | **443,133** | **490,634** | **514,776** | **50,369** | - | **50,369** | **120,142** |
| **Total expenses (Schedule 1)** | **215,994,619** | **223,424,353** | **210,786,833** | **5,263,870** | **37,384** | **5,301,254** | **4,817,941** |
| **Excess (deficiency) of revenues over expenses** | **$ 1,044,355** | **452,432** | **1,137,352** | **907,437** | **(25,917)** | **881,520** | **6,689,541** |

The accompanying notes and schedules are part of these financial statements.

**Statement 3**

## PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## STATEMENT OF CHANGES IN FUND BALANCES
### As at March 31, 2014

| 2014 | Operating Fund | Capital Fund | Community Trust Fund | Accumulated remeasurement gains (losses) | Total 2014 |
|---|---|---|---|---|---|
| Fund balance, beginning of year | $ (19,545,907) | $ 89,762,832 | $ 819,160 | $ - | $ 71,036,085 |
| Excess (deficiency) of revenues over expenses | 452,432 | 907,438 | (25,917) | - | 1,333,953 |
| Interfund transfers (note 14) | (1,107,710) | 1,107,710 | - | - | - |
| Remeasurement gains (losses) | | | | | |
| Fund balance, end of year | $ (20,201,186) | 91,777,980 | 793,244 | $ - | $ 72,370,038 |

| 2013 | Operating Fund | Capital Fund | Community Trust Fund | Total 2013 |
|---|---|---|---|---|
| Fund balance, beginning of year | $ (19,390,237) | $ 81,731,974 | $ 867,455 | $ 63,209,192 |
| Excess (deficiency) of revenues over expenses | 1,137,352 | 6,677,836 | 11,705 | 7,826,893 |
| Interfund transfers (note 14) | (1,293,022) | 1,353,022 | (60,000) | - |
| Fund balance, end of year | $ (19,545,907) | $ 89,762,832 | $ 819,160 | $ 71,036,085 |

The accompanying notes and schedules are part of these financial statements.

**Statement 4**

## PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## STATEMENT OF CASH FLOW
### As at March 31, 2014

| | Operating Fund | | Restricted Fund | | | |
|---|---|---|---|---|---|---|
| | 2014 | 2013 | Capital Fund | Community Trust Fund | Total 2014 | Total 2013 |
| Cash Provided by (used in): | | | | | | |
| Operating activities: | | | | | | |
| Excess (deficiency) of revenue over expenditure | $ 452,432 | $ 1,137,352 | $ 907,437 | $ (25,917) | $ 881,520 | $ 6,689,541 |
| Net change in non-cash working capital (Note 8) | 491,915 | 43,590 | (75,433) | (7,308) | (82,740) | (1,613,675) |
| Amortization of capital assets | | - | 4,615,082 | - | 4,615,082 | 4,303,764 |
| Investment income on long-term investments | | - | - | 33,484 | 33,484 | (459) |
| (Gain)/loss on disposal of capital assets | | - | - | - | - | |
| | 944,347 | 1,180,942 | 5,447,086 | 259 | 5,447,345 | 9,379,170 |
| Purchase of capital assets | | | | | | |
| Buildings/construction | - | - | (160,275) | - | (160,275) | (1,146,301) |
| Equipment | - | - | (1,353,533) | - | (1,353,533) | (1,934,556) |
| Construction In Progress | - | - | (6,239,365) | - | (6,239,365) | (16,263,602) |
| Land and Leasehold improvements | - | - | (11,183) | - | (11,183) | (154,357) |
| Proceeds/(Cost) on disposal of capital assets | | | | | | |
| Equipment | - | - | (21) | - | (21) | - |
| (Purchase) Disposal of long-term investment | - | - | - | - | - | - |
| | - | - | (7,764,377) | - | (7,764,377) | (19,498,816) |
| Repayment of debt | - | - | (688,723) | - | (688,723) | (658,104) |
| Net increase (decrease) in cash & short-term investments during the year | 944,346 | 1,180,942 | (3,006,012) | 260 | (3,005,754) | (10,777,750) |
| Cash & short term investments, beginning of year | 10,220,454 | 10,332,534 | 11,774,563 | 141,809 | 11,916,372 | 21,401,099 |
| Interfund transfers (Note 14) | (1,107,710) | (1,293,022) | 1,107,710 | - | 1,107,710 | 1,293,022 |
| **Cash & short term investments, end of year** (Schedule 2) | $ 10,057,090 | $ 10,220,454 | $ 9,876,260 | $ 142,069 | $ 10,018,329 | $ 11,916,371 |

The accompanying notes and schedules are part of these financial statements.

## PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## NOTES TO THE FINANCIAL STATEMENTS
## As at March 31, 2014

### 1. Legislative Authority

The Prince Albert Parkland Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prince Albert Parkland Health Region, under section 27 of *The Act*. The Prince Albert Parkland RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

### 2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board of the Chartered Professional Accountants (CPA) of Canada, except as explained below. The RHA has adopted the standards for government not-for- profit organizations,set forth at PSA Handbook section PS 4200 to PS 4270.

During the 2012-13 fiscal year, the Authority entered into shared ownership arrangements with the Ministry of Health for certain capital projects. Following the direction of the Ministry of Health, as set out by the Ministry of Finance the Authority recorded their proportionate ownership interest in tangible capital assets under construction rather than the full cost of the capital projects. The accounting for these capital projects constitutes a departure from Canadian public sector accounting standards.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Canadian Mental Health Association
Parkland Ambulance
Prince Albert Mobile Crisis Unit
BlaineLake Ambulance
Family Futures
S.H.A.R.E
Cooperative Health
Spiritwood Ambulance
PA Early Childhood Intervention

Note 10b (i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliate is incorporated (and is a registered charity under *The Income Tax Act* of Canada):

Mont. St Joseph Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10b (ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii) The Victoria Hospital Foundation Inc. (the Foundation) is incorporated under *The Non-Profit Corporations Act* and is a registered charity under The Income Tax Act.

Under the Foundation's Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.

These financial statements do not include the financial activities of the foundation. Alternatively, Note 10b (iii) provides supplementary information on the foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

## PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## NOTES TO THE FINANCIAL STATEMENTS
## As at March 31, 2014

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues from Saskatchewan Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

| | |
|---|---|
| Buildings | 2 1/2% to 5% |
| Land improvements and leasehold improvements | 10% to 20% |
| Equipment | 5% to 33% |

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

## PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## NOTES TO THE FINANCIAL STATEMENTS
## As at March 31, 2014

g) Employee future benefits

i) Pension Plan:

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of the financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of contractual obligations and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these items carried at fair value are recognized through the Statement of Remeasurement Gains and Losses at each period end. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchase of investments are recorded on the trade date. Investments consist of guaranteed investment certificates,term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed

As at March 31, 2014 (2013 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level1 in the fair value hierarchy.

j) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Canada Mortgage and Housing Corporation (CMHC). Schedule 4 shows the changes in these reserve balances during the year.

k) Volunteer Service

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

### 3. Long-Term Receivable

Community Trust:

The Kinistino and District Health Foundation Inc. and the Birch Hills and Area Health Care Foundation Inc. hold the pre-amalgamation funds on behalf of the RHA. The amounts that are held in these funds are listed below.

## PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## NOTES TO THE FINANCIAL STATEMENTS
## As at March 31, 2014

| | 2014 | 2013 |
|---|---|---|
| Kinistino and District Health Foundation Inc. | $549,663 | $ 543,438 |
| Birch Hills and Area Health Care Foundation Inc. | 101,226 | 100,148 |
| | $650,889 | $ 643,586 |

4. **Capital Assets**

| | March 31, 2014 | | | March 31, 2013 |
|---|---|---|---|---|
| | Cost | Accum Amortization | Net Book Value | Net Book Value |
| Land | $ 1,895,467 | $ - | $ 1,895,467 | $ 763,429 |
| Land Improvements | 2,431,816 | 991,370 | 1,440,446 | 576,458 |
| Buildings | 126,326,504 | 54,746,784 | 71,579,720 | 40,050,063 |
| Equipment | 36,423,058 | 29,290,439 | 7,132,619 | 7,714,403 |
| Construction in progress | 8,692,174 | - | 8,692,174 | 38,486,778 |
| | $175,769,019 | $ 85,028,593 | $ 90,740,426 | $ 87,591,131 |

5. **Contractual obligations**

a) Capital Asset Acquisitions

At March 31, 2014 contractual obligations for the acquisition of capital assets and capital projects were $896,481(2013 - $10,588,687). Included in the contractual obligation is an amount for the construction ofa-LongTerm Care facilityof$458,777. A co-ownership agreement exists with the Ministry of Health who will assume 75.3% of both the assets and the contractual obligation for the Pineview Terrace project in the amount of $345,459 and the obligation of Prince Albert Parkland Health Region is $113,318 which will assume 24.7%.

At March 31, 2013 commitments for acquisition of capital assets were $542,596 and commitments for the construction of capital projects were $10,046,091.

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

| | |
|---|---|
| 2015 | $ 1,396,118 |
| 2016 | 1,299,072 |
| 2017 | 1,228,883 |
| 2018 | 1,062,959 |
| 2019 | 988,757 |

c) Asset Retirement Obligations

The RHA has identified asset retirement obligations for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

d) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2014. Note 10 b) provides supplementary information on Health Care Organizations.

## PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## NOTES TO THE FINANCIAL STATEMENTS
### As at March 31, 2014

### 6. Mortgages Payable

| Title of Issues | Interest Rate | Annual Repayment Terms | Balance Outstanding 2014 | 2013 |
|---|---|---|---|---|
| **Birchview Nursing Home**<br>CMHC, due December 1, 2018 | 4.54% | $95,038 principal & interest of which $24,329 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015 | $ 405,470 | $ 480,421 |
| **Evergreen Health Centre**<br>CMHC, due September 1, 2023 | 4.54% | $51,714 principal & interest of which $13,112 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015 | 398,987 | 431,942 |
| **Hafford & District Nursing**<br>CMHC, due February 1, 2030 | 10.00% | $26,719 principal & interest of which $4,990.56 is subsidized directly by SHC – Mortgage renewal date – February 1, 2030. | 229,194 | 235,404 |
| **Idylwild Lodge**<br>CMHC due June 1, 2020 | 4.69% | $122,699 principal & interest of which $33,035 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016. | 664,410 | 753,964 |
| **Jubilee Lodge**<br>CMHC, due November 1, 2020 | 4.32% | $55,261 principal & interest of which $15,045 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2016. | 319,832 | 360,444 |
| **Jubilee Lodge Rental Units**<br>CMHC, due May 1, 2015 | 5.125% | $11,341 principal & interest. | 12,801 | 23,205 |
| **Lakewood Lodge**<br>CMHC, due September 1, 2021 | 4.69% | $108,777 principal & interest of which $29,437 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016. | 687,699 | 762,621 |
| **Parkland Terrace**<br>CMHC, due April 1, 2027 | 8.00% | $43,944 principal & interest, with an amount of $27,255 forgivable at $1,553 per year over the life of the mortgage if regular payments are made. Mortgage renewal date – April 1, 2027. | 380,743 | 397,512 |
| **RabbitLake Health Centre**<br>CMHC, due September 1, 2021 | 4.54% | $43,506 principal & interest of which $11,063 is subsidized by SHC, yielding an effective interest rate of 2%.Mortgage renewal date – February 1, 2015. | 276,353 | 306,680 |
| **Wheatland Lodge**<br>CMHC, due April 1, 2026 | 4.69% | $99,482 principal & interest of which a certain amount is subsidized monthly based on the net loss of the shelter component. Mortgage renewal date – August 1, 2016. | 918,521 | 973,922 |
| **Whispering Pine Place**<br>CMHC, due July 1, 2023 | 4.39% | $119,187 principal & interest of which $29,756 is subsidized by SHC. Mortgage renewal date – June 1, 2015. | 912,881 | 990,498 |
| | | | 5,206,890 | 5,716,613 |
| Less: Current portion | | | 534,309 | 500,272 |
| | | | $4,672,581 | $5,216,341 |

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Additional security is provided on the mortgages for Jubilee Lodge and Birchview Nursing Home by security agreements on equipment and furnishings and the assignment of rents and leases. Additional security is provided for the mortgages of Idylwild Lodge, Evergreen Health Centre, Hafford & District Nursing, Lakewood Lodge, Parkland Terrace, Rabbit Lake Health Centre, Wheatland Lodge and Whispering Pine Place by the assignment of land and equipment.

Principal repayments required in each of the next five years are estimated as follows:

| | | | |
|---|---|---|---|
| 2015 | $534,309 | 2018 | $631,258 |
| 2016 | $558,923 | 2019 | $604,258 |
| 2017 | $592,999 | 2020 and subsequent | $2,285,144 |

__Loan for Energy Efficiency Renovations__

The RHA entered into a loan agreement with the Royal Bank of Canada to fund energy efficiency enhancements throughout the region. The balance owing at March $31^{st}$, 2014 was $3,770,000 (2013, $3,949,000). The loan bears a blended interest rate of 5.03% (3.99% fixed rate). The terms of the loan require monthly principal and interest payments of $31,140.

Principal repayments required in each of the next five years are estimated as follows:

| | | | |
|---|---|---|---|
| 2015 | $ 189,000 | 2018 | $ 220,000 |
| 2016 | $ 199,000 | 2019 | $ 232,000 |
| 2017 | $ 209,000 | 2020 and subsequent | $ 2,721,000 |

## 7. Deferred Revenue

| As at March 31, 2014 | Balance Beginning of Year | Less Amount Recognized | Add Amount Received | Balance End of Year |
|---|---|---|---|---|
| **Sask Health Initiatives** | | | | |
| Saskatchewan Health - General Revenue Fund | $ - | $ - | $ - | $ - |
| Aboriginal Awareness Funding | 12,365 | 12,365 | - | - |
| Autism Intervention Training | 14,359 | - | - | 14,359 |
| Autism Spectrum Disorders Services | 552,986 | 40,729 | - | 512,257 |
| Bursaries | 25,000 | - | - | 25,000 |
| Dental Intiative | 103,978 | 42,433 | - | 61,546 |
| Emergency Ward Mental Health Issues | - | - | 15,000 | 15,000 |
| Epidemiological Monitoring | 50,000 | - | - | 50,000 |
| Family Physician On-Call | 97,236 | 97,236 | - | - |
| Family Treatment Centre | 318,182 | - | - | 318,182 |
| Fetal Alcohol Spectrum Disorder | 40,365 | 30,365 | - | 10,000 |
| Healthy Weights Monitoring | - | - | 8,000 | 8,000 |
| HIV Strategy | 379,096 | 165,917 | - | 213,179 |
| Home First | - | 61,946 | 500,000 | 438,054 |
| Immunization Programs | 85,833 | 17,327 | - | 68,507 |
| Infection Control | 129,627 | 31,206 | - | 98,421 |
| MH Approved Home Training | - | - | 3,000 | 3,000 |
| Mental Health Complex Clients | - | 10,000 | 62,500 | 52,500 |
| Mental Health Home Enhancements | 323,731 | - | - | 323,731 |
| Nursing Mentorship | 39,432 | 1,683 | - | 37,749 |
| Pandemic | 45,512 | 23,496 | - | 22,016 |
| Patient Family Centred Care | 10,000 | 10,000 | - | - |
| Primary Care | 624,537 | 19,949 | 160,000 | 764,588 |
| Problem Gambling | - | - | 5,000 | 5,000 |
| A & D Initiatives | 1,065,500 | 389,940 | - | 675,561 |
| Quality Health Workplace | 61,572 | 61,572 | - | - |
| Safe Needle Cleanup | 28,185 | - | - | 28,185 |
| Safety Training | 47,729 | 9,285 | - | 38,444 |
| Surgical Initiatives | 150,000 | 50,000 | - | 100,000 |
| Urgent Care - Eden Training | - | 35,526 | 74,527 | 39,001 |
| **Total Sask Health** | **$ 4,205,225** | **$ 1,110,974** | **$ 828,027** | **$ 3,922,278** |
| | | | | |
| **Non Sask Health Initiatives** | | | | |
| Acquired Brain Injury | $ 603,728 | $ 828,938 | $ 1,078,007 | $ 852,797 |
| Autism (Sask Rivers) | 25,000 | 25,000 | - | - |
| Cognitive Disabilities (Consultant) | 55,224 | 75,577 | 101,974 | 81,621 |
| Community Addictions | 140,000 | - | 35,000 | 175,000 |
| Corrections | 276,274 | 272,978 | 272,300 | 275,596 |
| Dental Program | 103,500 | 42,433 | - | 61,068 |
| Integrated Case Management Training | 5,812 | - | - | 5,812 |
| Live Well | 2,500 | - | 3,000 | 5,500 |
| Nursing Recruitment | 279,258 | 13,339 | - | 265,919 |
| Releasing Time to Care | 7,449 | - | - | 7,449 |
| Other | 47,245 | 13,517 | 18,899 | 52,627 |
| **Total Non Sask Health** | **$ 1,545,990** | **$ 1,271,781** | **$ 1,509,180** | **$ 1,783,389** |
| | | | | |
| **Total Deferred Revenue** | **$ 5,751,215** | **$ 2,382,755** | **$ 2,337,207** | **$ 5,705,667** |

## PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## NOTES TO THE FINANCIAL STATEMENTS
## As at March 31, 2014

| As at March 31,2013 | Balance beginning of Year | Less amount Recognized | Add amount Received | Balance end of Year |
|---|---|---|---|---|
| **Sask Health Initiatives** | | | | |
| Saskatchewan Health - General Revenue Fund | $ - | $ - | $ - | $ - |
| Aboriginal Awareness Funding | 15,000 | 2,635 | - | 12,365 |
| Autism Intervention Training | 14,359 | - | - | 14,359 |
| Autism Spectrum Disorders Services | 482,986 | - | 70,000 | 552,986 |
| Bursaries | - | - | 25,000 | 25,000 |
| Children's Mental Health | - | - | - | - |
| Cont. Education/Development | - | - | - | - |
| Dental Intiative | 79,983 | 43,705 | 67,700 | 103,978 |
| Epidemiological Monitoring | 50,000 | - | - | 50,000 |
| Family Physician On-Call | - | - | 97,236 | 97,236 |
| Family Treatment Centre | 98,118 | 150,174 | 370,238 | 318,182 |
| Fetal Alcohol Spectrum Disorder | - | 159,635 | 200,000 | 40,365 |
| Healthy Workplace Action Strategy | 2,718 | 2,718 | | - |
| Hemiplegia Education Event | 173 | 173 | | - |
| HIV Strategy | 498,803 | 159,707 | 40,000 | 379,096 |
| Immunization Programs | 117,507 | 42,924 | 11,250 | 85,833 |
| Infection Control | 178,722 | 49,095 | - | 129,627 |
| Literacy Training Program | 702 | 702 | - | - |
| Mental Health Home Enhancements | 243,002 | 11,400 | 92,129 | 323,731 |
| Muskeg Lake | - | - | - | - |
| National Ambulatory Care System | 20,000 | 20,000 | - | - |
| Nursing Manager Compensation | - | - | - | - |
| Nursing Mentorship | 82,073 | 42,641 | - | 39,432 |
| Pandemic | 69,008 | 23,496 | - | 45,512 |
| Patient Family Centred Care | 10,000 | - | - | 10,000 |
| Picture Exchange | 3,192 | 3,192 | - | - |
| Pineview Youth Centre | 112,056 | 112,056 | - | - |
| Primary Care | 273,791 | 44,254 | 395,000 | 624,537 |
| A & D Initiatives | 1,177,366 | 111,866 | - | 1,065,500 |
| Quality Health Workplace | 61,572 | - | - | 61,572 |
| Recruitment Initiatives | 150,000 | 150,000 | - | - |
| Safe Needle Cleanup | 28,185 | - | - | 28,185 |
| Safety Training | 47,729 | - | - | 47,729 |
| Shared Decision Making | 13,015 | 13,015 | - | - |
| Surgical Initiatives | 697,889 | 547,889 | - | 150,000 |
| Virtual Falls Prevention | - | - | - | - |
| **Total Sask Health** | **$ 4,527,949** | **$ 1,691,277** | **$ 1,368,553** | **$ 4,205,225** |
| | | | | |
| **Non Sask Health Initiatives** | | | | |
| Acquired Brain Injury | $ 432,947 | $ 671,513 | $ 842,293 | $ 603,728 |
| Autism (Sask Rivers) | - | - | 25,000 | 25,000 |
| Cognitive Disabilities (Consultant) | 33,422 | 74,391 | 96,193 | 55,224 |
| Community Addictions | 105,000 | - | 35,000 | 140,000 |
| Corrections | 283,104 | 276,830 | 270,000 | 276,274 |
| Dental Program | 103,500 | - | - | 103,500 |
| Integrated Case Management Training | 5,812 | - | - | 5,812 |
| LEAN | 92,541 | 92,541 | - | - |
| Live Well | - | - | 2,500 | 2,500 |
| Literacy Training Program | 5,500 | 5,500 | - | - |
| Nursing Recruitment | 296,616 | 17,358 | - | 279,258 |
| Releasing Time to Care | 7,449 | - | - | 7,449 |
| SAHSN | - | - | - | - |
| Other | 10,267 | 8,152 | 45,130 | 47,245 |
| **Total Non Sask Health** | **$ 1,376,159** | **$ 1,146,285** | **$ 1,316,116** | **$ 1,545,990** |
| | | | | |
| **Total Deferred Revenue** | **$ 5,904,108** | **$ 2,837,562** | **$ 2,684,669** | **$ 5,751,215** |

## PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## NOTES TO THE FINANCIAL STATEMENTS
### As at March 31, 2014

### 8. Net Change in Non-cash Working Capital

| | Operating Fund | | Restricted Funds | | | |
|---|---|---|---|---|---|---|
| | 2014 | 2013 | Capital Fund | Community Trust Fund | Total 2014 | Total 2013 |
| (Increase) Decrease in accounts receivable | $ (4,662,512) | $ 455,775 | $ 3,129,168 | $ (7,308) | $ 3,121,861 | $(3,787,660) |
| (Increase) Decrease in inventory | (52,183) | 177,194 | - | - | - | - |
| (Increase) Decrease in prepaid expenses | 110,806 | (51,713) | - | - | - | - |
| (Increase) Decrease in financial instruments | - | - | - | - | - | - |
| Increase (Decrease) in accounts payable | 1,079,842 | (2,020,817) | (3,204,601) | - | (3,204,601) | 2,173,985 |
| Increase (Decrease) in accrued salaries | 4,061,504 | 820,329 | - | - | - | - |
| Increase (Decrease) in vacation payable | (8,795) | 815,315 | - | - | - | - |
| Increase (Decrease) in deferred revenue | (45,548) | (152,893) | - | - | - | - |
| Increase (Decrease) in employee future benefits | 8,800 | 400 | - | - | - | - |
| | $ 491,914 | $ 43,590 | $ (75,433) | $ (7,308) | $ (82,740) | $(1,613,675) |

### 9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2014 was $140,109(2013 - $147,068). These amounts are not reflected in the financial statements.

| | 2014 | 2013 |
|---|---|---|
| Patient / resident | $ 107,400 | $ 114,888 |
| Leoville Union Hospital Pre-amalgamation | 32,709 | 32,180 |
| | $ 140,109 | $ 147,068 |

### 10. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Governmental organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

| | 2014 | 2013 |
|---|---|---|
| **Accounts Receivable** | | |
| North Sask Laundry | $ 42,070 | $ 28,665 |
| eHealth Saskatchewan | 39,067 | 429,535 |
| WCB | 88,734 | 111,932 |
| Kelsey Trail Health Region | 6,918 | 26,491 |
| | $ 176,789 | $ 596,623 |

| | 2014 | 2013 |
|---|---|---|
| **Expenditures** | | |
| Ministry of Finance | $ 113,919 | $ 98,454 |
| Ministry of Central Services | 751,154 | 817,709 |
| North Sask Laundry | 2,490,760 | 2,170,865 |
| Prairie North Health Region | 9,180 | 77,852 |
| Public Employees Pension | 303,391 | 324,106 |
| 3sHEALTH | 8,764,892 | 8,252,763 |

## PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## NOTES TO THE FINANCIAL STATEMENTS
### As at March 31, 2014

| | 2014 | 2013 |
|---|---|---|
| **Accounts Receivable** | | |
| **Accounts Payable** | | |
| eHealth Saskatchewan | $ 226,800 | $ 31,095 |
| Ministry of Central Services | 58,497 | 54,373 |
| North Sask Laundry | 214,326 | 177,443 |
| 3sHEALTH | 695,290 | 690,095 |
| Sask Energy | 95,178 | 85,310 |
| Sask Power | 125,103 | 87,524 |
| Sask Tel | 24,580 | 134,198 |
| SHEPP | 1,276,190 | 1,228,258 |
| WCB | 973,942 | - |
| | $ 3,689,906 | $ 2,488,296 |

| | 2014 | 2013 |
|---|---|---|
| **Revenues** | | |
| Co-operative Health Centre | $ 91,989 | $ 89,854 |
| North Sask Laundry | 363,063 | 352,862 |
| 3sHEALTH (Nursing Recruitment) | - | 85,000 |
| S.G.I. | 976,700 | 810,687 |
| WCB | 232,756 | 243,242 |
| eHealth Saskatchewan | 178,478 | 132,141 |
| SK Health Quality Council | - | 71,440 |
| Kelsey Trail Health Region | 45,259 | 36,524 |
| | $ 1,888,245 | $ 1,821,750 |

| | 2014 | 2013 |
|---|---|---|
| **Expenditures** | | |
| Sask Energy | 773,067 | 589,923 |
| Sask Mobility | 115,011 | 128,629 |
| Sask Power | 1,505,320 | 1,228,614 |
| Sask-Tel | 438,474 | 557,342 |
| SHEPP | 17,145,646 | 16,339,774 |
| WCB | 2,033,171 | 2,061,404 |
| eHealth Saskatchewan | 431,287 | 214,173 |
| Saskatoon Health Region | 24,920 | 11,668 |
| | $34,900,192 | $32,873,276 |

| | 2014 | 2013 |
|---|---|---|
| **Pre-Paid Expenses** | | |
| eHealth Saskatchewan | $ - | $ 49,793 |
| 3sHEALTH | - | 26,729 |
| WCB | 498,887 | 524,088 |
| | $ 498,887 | $ 600,610 |

* only significant/material amounts are listed in this table (greater than $20,000)

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

| | 2014 | 2013 |
|---|---|---|
| Canadian Mental Health Association | $ 267,447 | $ 300,452 |
| Cooperative Health | 357,169 | 503,449 |
| Family Futures | 177,244 | 131,763 |
| Prince Albert Mobile Crisis Unit | 80,466 | 80,466 |
| Prince Albert Early Childhood Intervention | 46,095 | 46,095 |
| S.H.A.R.E. | 783,213 | 781,523 |
| Blaine Lake Ambulance | 380,817 | 396,655 |
| Parkland Ambulance | 2,711,342 | 2,735,522 |
| Spiritwood Ambulance | 1,039,428 | 1,026,958 |
| | $ 5,843,221 | $ 6,002,883 |

## PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## NOTES TO THE FINANCIAL STATEMENTS
## As at March 31, 2014

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates.

The following presentation discloses the amount of funds granted to the affiliate:

| | 2014 | 2013 |
|---|---|---|
| Mont St. Joseph Home Inc. | $8,727,155 | $8,071,289 |

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, for 2014 and 2013.

Mont. St. Joseph Home Inc.:

| | 2014 | 2013 |
|---|---|---|
| **Balance Sheet** | | |
| Assets | $ 1,211,378 | $ 746,177 |
| Net Capital Assets | 9,196,483 | 9,203,952 |
| Total Assets | $ 10,407,861 | $ 9,950,129 |
| Total Liabilities | $ 1,708,009 | $ 1,347,879 |
| Total Net Assets (Fund Balances) | 8,699,852 | 8,602,250 |
| | $ 10,407,861 | $ 9,950,129 |
| **Results of Operations** | | |
| RHA Grant | $ 8,727,155 | $ 8,071,289 |
| Other Revenue | 2,219,176 | 1,972,019 |
| Total Revenue | $ 10,946,331 | $ 10,043,308 |
| Salaries & Benefits | $ 8,265,547 | $ 8,241,291 |
| Other Expenses* | 2,588,654 | 2,058,386 |
| Total Expenses | $ 10,854,201 | $ 10,299,677 |
| Excess (deficiency) of revenues over expenses | $ 92,130 | $ (256,369) |
| *Other Expenses includes amortization of $506,879 (2013- $460,126) | | |
| **Cash Flows** | | |
| Cash from Operations | $ 287,178 | $ 332,990 |
| Cash used in Financing Activities | (3,201) | (2,960) |
| Cash used in Investing Activities | (499,410) | (140,072) |
| Increase (decrease) in cash | $ (215,433) | $ 189,958 |

*Cash used in investing activities includes capital purchases of $499,410 (2013 - $140,072)

iii) Fundraising Foundations

Fundraising efforts are undertaken through a non-profit business corporation known as the Victoria Hospital Foundation (the Foundation). The Prince Albert Parkland RHA has an economic interest in the Foundation. In accordance with donor-imposed restrictions, $1,297,129 (2013-$759,277) of the foundation's net assets must be used for special purposes set out by

**PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY**
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the donors. The foundation's total expenses include contributions of $950,320 (2013 - $466,843) to the RHA.

The Foundation has not been consolidated in the RHA's financial statements. Financial statements of the Foundation are available upon request. Financial summaries of the unconsolidated entity for the years ended March 31, 2014 and 2013 are as follows:

Victoria Hospital Foundation

| Balance Sheet | 2014 | 2013 |
|---|---|---|
| Total Assets | $ 1,549,028 | $ 896,479 |
| Total Liabilities | 303,802 | 22,525 |
| Total Net Assets (Fund Balances) | 1,245,226 | 873,954 |
| | $ 1,549,028 | $ 896,479 |
| Results of Operations | | |
| Total Revenue | 1,595,679 | 817,161 |
| Salaries & Benefits | 174,254 | 184,310 |
| Other Expenses* | 1,050,153 | 556,354 |
| Total Expenses* | 1,224,407 | 740,664 |
| Excess (deficiency) of revenues over expenses | $ 371,272 | $ 76,497 |

*Total Expenses include contributions of $950,320(2013 - $466,843) to the Regional Health Authority and amortization of $0 (2013 - $286

| Cash Flows | | |
|---|---|---|
| Cash From Operations | $ 655,581 | $ 17,257 |
| Cash Used in Financing Activity | - | - |
| Cash Used in Investing Activity* | - | - |
| Increase (decrease) in cash | $ 655,581 | $ 17,257 |

*Investing Activities includes capital purchases of $0 (2013 - $0)

## 11. Employee future benefits

a) Pension plan

Employees of the RHA participate in one of the following pension plans:

i) Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the Saskatchewan Association of Healthcare Organizations (SAHO) Board of Directors).

ii) Public Employees' Pension Plan (PEPP) (a related party) – This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

**PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY**
**NOTES TO THE FINANCIAL STATEMENTS**
**As at March 31, 2014**

| | 2014 | | | 2013 |
|---|---|---|---|---|
| | SHEPP** | PEPP | Total | Total |
| Number of active members | 2,109 | 28 | 2,137 | 2,108 |
| Member contribution rate, percentage of salary | 8.10 - 10.70%* | 5 - 7%* | | |
| RHA contributions rate, percentage of salary | 9.07-11.98%* | 5 - 7%* | | |
| Member contributions (thousands of dollars) | 8,070 | 148 | 8,218 | 7,856 |
| RHA contributions (thousands of dollars) | 9,039 | 150 | 9,189 | 8,782 |

* Contribution rate varies based on employee group.

** Active members are employees of the RHA, including those on leave of absense as of March 22, 2014. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

Pension plan contribution rates have increased as a result of recent deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio 1.2 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

b) Accumulated sick leave benefit liability

The cost of accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2013 with an estimated valuation to March 31, 2014. Key assumptions used as inputs into the actuarial calculation are as follows:

| | 2014 | 2013 |
|---|---|---|
| Discount rate | 2.50% | 2.75% |

| | 2014 | 2013 |
|---|---|---|
| Accrued benefit obligation, beginning of year | $ 5,762,600 | $ 5,762,200 |
| Cost for the year | 933,500 | 915,900 |
| Benefits paid during the year | (924,700) | (915,500) |
| Accrued benefit obligation, end of year | $ 5,771,400 | $ 5,762,600 |

## 12. Budget

The RHA Board approved the 2014 budget plan on May 29, 2013

## 13. Financial instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk, and liquidity risk.

The Board ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Board oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

## PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## NOTES TO THE FINANCIAL STATEMENTS
## As at March 31, 2014

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

| | 2014 | 2013 |
|---|---|---|
| Cash and Short-term investments | $20,075,419 | $ 22,136,827 |
| Accounts receivable | | |
| Ministry of Health - General Revenue Fund | 5,358,982 | 461,942 |
| Other | 3,618,908 | 6,982,599 |
| Investments | - | 33,484 |
| | $29,053,309 | $ 29,614,852 |

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market Risk:

Market risk is the risk that changes in market prices, such as foreign exchangerates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA.The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates and long term bonds bearing interest at coupon rates. The RHA's mortgage payable outstanding as at March 31, 2014 and 2013 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

The RHA's investments are in minimal risk investments. Therefore the risk of interest rate fluctuations are insignificant.

e) Liquidity Risk

Liquidity risk is the risk that the RHA will not able to meet its financial obligations as they become due.

## PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## NOTES TO THE FINANCIAL STATEMENTS
### As at March 31, 2014

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, the RHA has a cash balance of $17,276,829(2013- $19,310,805)

f) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
    - Accounts receivable
    - Accounts payable
    - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is $5,586,289 (2013 - $5,969,031) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted price, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is base on unobservable inputs. There were no items measured at fair value using level 3 in 2013 or 2014.

There were no items transferred between levels in 2014 or 2013.

| | | 2014 | | | 2013 | |
|---|---|---|---|---|---|---|
| | Level 1 | Level 2 | Total | Level 1 | Level 2 | Total |
| Investments | $ 20,075,418 | $ - | $20,075,418 | $22,170,311 | $ - | $ 22,170,311 |
| Mortgages payable | $ - | $5,586,289 | $ 5,586,289 | $ - | $5,969,031 | $ 5,969,031 |

g) Operating Line-of-Credit

The Regional Health Authority has a line-of-credit limit of $1,000,000 (2013 - $1,000,000) with an interest charged at prime minus 0.50%, which is re-negotiated annually. The line-of-credit is secured by an Overdraft Borrowing Agreement supported by a Borrowing Resolution and by an assignment and hypothecation of revenues. Total interest paid on the line-of-credit in 2014 was $0 (2013 - $3).

**PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY**
**NOTES TO THE FINANCIAL STATEMENTS**
**As at March 31, 2014**

## 14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

| | 2014 | | | 2013 | | |
|---|---|---|---|---|---|---|
| | Operating Fund | Capital Fund | Community Trust Fund | Operating Fund | Capital Fund | Community Trust Fund |
| Building renovations | $ - | $ - | $ - | $ - | $ 60,000 | $ (60,000) |
| Equipment Purchases | (108,606) | 108,606 | - | (255,482) | 255,482 | - |
| SHC reserves | (115,556) | 115,556 | - | (127,212) | 127,212 | - |
| Energy Performance Loans | (363,000) | 363,000 | - | (396,000) | 396,000 | - |
| Mortgage payments | (521,355) | 521,355 | - | (521,355) | 521,355 | - |
| Other | 807 | (807) | - | 7,027 | (7,027) | - |
| | $(1,107,710) | $1,107,710 | $ - | $(1,293,022) | $1,353,022 | $ (60,000) |

## 15. Energy Renewal Project

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. SaskPower Energy Solutions performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. June 1st, 2010 the Prince Albert Parkland Regional Health Authority entered into a guaranteed energy performance savings contract with SaskPower Energy Solutions Company. To date the SaskPower Energy Solutions Company has not been able to provide results of yearly savings due to ongoing construction projects.

## 16. Collective Agreements

The SUN contract was in effect until March 31, 2014.The HSAS contract expired March 31, 2013 and negotiations are ongoing. The CUPE contract expired March 31, 2012 and a new contract covering the period of April 01, 2012 to March 31,2017 has been ratified on April 11, 2014.An estimate of the CUPE retroactive settlement of $4,315,770 has been accrued in the March 31, 2014 financial statements, which includes $3,960,808 owing to Prince Albert Parkland Regional Health Authority employees and $354,962 owing to Mont St. Joseph Home Inc, an affiliate.

## 17. Pay for Performance

Effective April 1, 2011, a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered 'lump sum performance adjustments'. Senior employees are eligible to earn lump sum performance adjustments up to 110% of their base salary. During the year, senior employees are paid 90% of current year base salary and lump sum performance adjustments related to the previous fiscal year. At March 31, 2014, lump sum performance adjustments relating to 2013-14 have not been determined as information required to assess senior employee performance is not yet available.

Schedule 1

## PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## SCHEDULE OF EXPENDITURES BY OBJECT
### As at March 31, 2014

| | Budget 2014 | Actual 2014 | Actual 2013 |
|---|---|---|---|
| **Operating:** | | | |
| Advertising & public relations | 109,189 | 115,594 | 102,441 |
| Board costs | 119,108 | 73,037 | 80,733 |
| Compensation—benefits | 25,111,403 | 25,011,273 | 24,100,642 |
| Compensation—employee future benefits | - | 8,800 | 400 |
| Compensation—salaries | 122,848,803 | 128,841,876 | 122,583,502 |
| Continuing education fees & materials | 379,058 | 293,174 | 303,713 |
| Contracted-out services - other | 3,437,404 | 3,417,958 | 3,212,727 |
| Diagnostic imaging supplies | 102,241 | 104,769 | 134,080 |
| Dietary supplies | 223,153 | 187,013 | 199,522 |
| Drugs | 2,399,929 | 2,132,318 | 2,251,203 |
| Food | 2,585,702 | 2,807,690 | 2,490,962 |
| Grants to ambulance services | 4,131,376 | 4,139,204 | 4,120,885 |
| Grants to health care organizations & affiliates | 9,266,055 | 9,751,072 | 9,169,748 |
| Housekeeping & laundry supplies | 1,375,732 | 1,242,137 | 1,190,753 |
| Information technology contracts | 419,471 | 429,939 | 465,244 |
| Insurance | 366,466 | 339,483 | 328,564 |
| Interest | 22,640 | 28,365 | 27,602 |
| Laboratory supplies | 1,166,329 | 1,257,223 | 1,257,492 |
| Medical & surgical supplies | 4,672,904 | 5,109,537 | 4,647,591 |
| Medical remuneration & benefits | 21,081,917 | 22,426,928 | 19,432,456 |
| Meetings | 59,201 | 44,356 | 81,681 |
| Office supplies & other office costs | 769,546 | 701,818 | 267,342 |
| Other | 269,432 | 126,016 | 281,625 |
| Professional fees | 943,498 | 970,966 | 906,431 |
| Prosthetics | 1,300,132 | 1,617,817 | 1,322,177 |
| Purchased salaries | 2,463,588 | 2,602,763 | 2,263,095 |
| Rent/lease/purchase costs | 2,562,802 | 2,026,565 | 2,257,937 |
| Repairs & maintenance | 2,079,021 | 2,108,651 | 2,289,201 |
| Supplies - other | 1,063,020 | 1,083,881 | 1,027,766 |
| Therapeutic supplies | 128,498 | 86,999 | 89,094 |
| Travel | 1,703,705 | 1,730,008 | 1,606,907 |
| Utilities | 2,833,294 | 2,607,122 | 2,293,317 |
| **Total Operating Expenses** | $ 215,994,619 | $ 223,424,353 | $ 210,786,833 |
| | | | |
| **Restricted:** | | | |
| Amortization | | 4,615,082 | 4,303,764 |
| Loss/(Gain) on disposal of fixed assets | | - | - |
| Mortgage interest expense | | 268,498 | 291,271 |
| Other | | 417,673 | 222,906 |
| | | $ 5,301,254 | $ 4,817,941 |

Schedule 2

## PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## SCHEDULE OF INVESTMENTS
### As at March 31, 2014

| | Fair Value | Maturity | Effective Rate | Coupon Rate |
|---|---|---|---|---|
| **Restricted Investments*** | | | | |
| **Cash and Short-term** | | | | |
| Chequing and Savings: | | | | |
| CIBC - Prince Albert, Sk | $ 8,874,831 | | | |
| RBC - Prince Albert | 31,174 | | | |
| Affinity Credit Union-Shellbrook | 11,924 | 4/5/2014 | 0.80% | |
| Affinity Credit Union-Shellbrook | 16,069 | 9/18/2015 | 2.25% | |
| Affinity Credit Union-Shellbrook | 136,114 | 3/29/2015 | 1.00% | |
| Affinity Credit Union-Shellbrook | 167,665 | 6/1/2014 | 1.30% | |
| Affinity Credit Union-Shellbrook | 65,863 | 2/21/2014 | 1.10% | |
| Affinity Credit Union-Shellbrook | 61,901 | 3/14/2015 | 1.40% | |
| Affinity Credit Union-Shellbrook | 62,273 | 5/7/2016 | 1.40% | |
| Shellbrook Scotia Bank Cash | 77,164 | | | |
| Affinity Credit Union-Shellbrook Cash | 108,439 | | | |
| Renaissance Savings Account | 404,912 | | | |
| **Total Cash & Short Term Investments** | $ 10,018,329 | | | |
| **Long Term** | | | | |
| | - | | | |
| **Total Long Term Investments** | $ - | | | |
| **Total Restricted Investments** | **$ 10,018,329** | | | |
| **Unrestricted Investments** | | | | |
| **Cash and Short-Term** | | | | |
| Petty Cash | $ 11,205 | | | |
| C.I.B.C. - Prince Albert, Sk | 3,344,431 | | | |
| Affinity Credit Union-Shellbrook | 29,987 | | | |
| Marcelin Credit Union | 19,869 | | | |
| Leoville Credit Union | 135 | | | |
| Scotiabank (Kinistino) | 70,165 | | | |
| Spiritwood Credit Union | 21,533 | | | |
| RBC Cash | 290 | | | |
| Manulife Inv. Savings Account | 296,210 | | | |
| CIBC - GIC | 533,000 | 12/5/2018 | 1.44% | |
| CIBC - Wood Gundy Equity | 188,582 | | | |
| CIBC - GIC | 1,543,780 | 11/6/2014 | 1.47% | |
| Montreal Trust - GIC | 100,000 | 11/6/2014 | 2.00% | |
| National Trust Company - GIC | 100,000 | 11/6/2014 | 2.00% | |
| Renaissance Savings Account | 3,797,902 | | | |
| **Total Cash & Short Term Investments** | $ 10,057,090 | | | |
| **Long Term** | | | | |
| **Total Long Term Investments** | $ - | | | |
| **Total Unrestricted Investments** | **$ 10,057,090** | | | |
| **Total Investments** | **$ 20,075,418** | | | |
| Restricted & Unrestricted Totals | | | | |
| Total Cash & Short Term | $ 20,075,418 | | | |
| Total Long Term | - | | | |
| **Total Investments** | **$ 20,075,418** | | | |

*Restricted Investments consist of:

- Community generated funds trasnferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) held in the Capital Fund (Schedule 4).

Schedule 3

# PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2014

### COMMUNITY TRUST FUND EQUITY

| Trust Name | Balance Beginning of Year | Investment & Other Revenue | Donation | Expenses | Withdrawals | Balance End of Year |
|---|---|---|---|---|---|---|
| Kinistino and District Health Foundation Inc. | $ 543,438 | $ 9,844 | $ - | $ (3,619) | - | $ 549,663 |
| Birch Hills and Area Health Care Foundation Inc. | 100,148 | 1,078 | - | - | - | 101,226 |
| Agnew Estate | 33,764 | 1 | - | (33,765) | - | - |
| Prince Albert Parkland Regional Health Authority | 141,810 | 544 | - | - | - | 142,354 |
| **Total Community Trust Fund** | **$ 819,160** | **$ 11,467** | **$ -** | **$ (37,384)** | **$ -** | **$ 793,243** |

### CAPITAL FUND

| | Balance Beginning of Year | Investment & Other Income | Capital Grant Funding | Expenses | Transfer to Investment in Capital Asset Fund Balance | Balance End of Year |
|---|---|---|---|---|---|---|
| Family Treatment Center | $ 826,026 | $ 6,825 | $ - | $ - | $ (115,546) | $ 717,305 |
| Pineview Terrace / Shellbrook Integrated Facility | 4,127,007 | 1,188,325 | 1,558,556 | - | (5,696,284) | 1,177,604 |
| Block Funding | 2,199,030 | 18,168 | 510,000 | - | (602,655) | 2,124,543 |
| Capital Equipment | 71,801 | 1,388,291 | 1,055,700 | - | (1,324,041) | 1,191,751 |
| **Total Capital Fund** | **$ 7,223,864** | **$ 2,601,609** | **$ 3,124,256** | **$ -** | **$ (7,738,526)** | **$ 5,211,203** |
| **TOTAL EXTERNALLY RESTRICTED FUNDS** | **$ 8,043,024** | **$ 2,613,076** | **$ 3,124,256** | **$ (37,384)** | **$ (7,738,526)** | **$ 6,004,446** |

Schedule 4

## PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
### For the Year Ended March 31, 2014

| | Balance, beginning of year | Investment income allocated | Annual allocation from unrestricted fund | Transfer to unrestricted fund (expenses) | Transfer to investment in capital asset fund balance | Balance, end of year |
|---|---|---|---|---|---|---|
| **Replacement Reserves** | | | | | | |
| Birchview Home | $ 18,636 | $ 227 | $ 5,075 | $ - | $ (7,447) | $ 16,491 |
| Hafford Special Care Centre | 17,341 | 219 | 4,250 | - | (17,578) | 4,232 |
| Herb Bassett Home | 435,219 | 6,639 | 49,740 | (3,483) | - | 488,115 |
| Idlwild Lodge | 39,580 | 509 | 10,000 | - | (12,300) | 37,789 |
| Jubilee Lodge | 42,345 | 702 | 17,600 | - | (8,305) | 52,342 |
| Jubilee Units | 100,653 | 2,041 | 7,755 | - | - | 110,449 |
| Lakewood Lodge | 81,103 | 1,290 | 9,100 | (8,173) | (2,878) | 80,442 |
| Parkland Terrace | 64,757 | 1,111 | 7,707 | - | - | 73,575 |
| Wheatland Lodge | 58,004 | 862 | 7,750 | - | - | 66,616 |
| Whispering Pine Place | 56,486 | 813 | 8,235 | - | (18,224) | 47,310 |
| Total CMHC | $ 914,124 | $ 14,413 | $ 127,212 | $ (11,656) | $ (66,732) | $ 977,361 |
| **Other Internally Restricted Funds** | | | | | | |
| Begin Estate | 3,826 | 65 | - | - | - | 3,891 |
| Ferris Estate | 32,598 | 550 | - | - | - | 33,148 |
| Herb Bassett Home Chapel | 3,738 | 63 | - | (593) | - | 3,208 |
| Poole Estate | 20,694 | 349 | - | - | - | 21,043 |
| Information Technology | 112,098 | 1,892 | - | - | - | 113,990 |
| Renal | 48,315 | 815 | - | - | - | 49,130 |
| Smith Estate | 82,158 | 1,387 | - | - | - | 83,545 |
| Tadman Estate | 27,295 | 461 | - | (214) | - | 27,542 |
| Watsang Estate | 11,745 | 198 | - | - | - | 11,943 |
| Capital Purchases fund | 3,356,858 | 47,739 | 182,447 | - | (108,606) | 3,478,438 |
| **Total Internally Restricted** | **$ 4,613,450** | **$ 67,932** | **$ 309,659** | **$ (12,463)** | **$ (175,338)** | **$ 4,803,240** |

**Schedule 5**

## PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
## CONSOLIDATED SCHEDULE OF:

### BOARD MEMBER REMUNERATION
for the year ended March 31, 2014

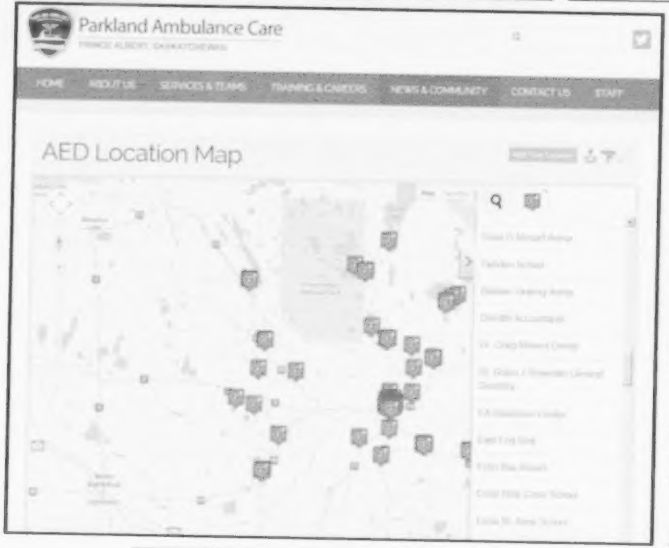
| RHA Members | 2014 | | | | | | | 2013 |
|---|---|---|---|---|---|---|---|---|
| | Retainer | Per Diem | Travel Time Expenses | Travel and Sustenance Expenses | Other Expenses | CPP | Total | Total |
| Abrametz, B | $ 6,310 | $ 11,438 | $ 888 | $ 1,021 | $ - | $ 893 | $ 20,550 | $ 6,880 |
| Bighead, S | - | - | - | - | - | - | - | 1,518 |
| Cadieu, G | - | - | - | - | - | - | - | 3,794 |
| Code, D | - | 4,488 | 1,013 | 1,554 | - | 212 | 7,266 | 7,235 |
| Dobrowolsky, G | 1,107 | 2,081 | 675 | 859 | - | 410 | 5,132 | 33,633 |
| Ewanchuk, R | - | - | - | - | - | - | - | 1,432 |
| Fee, B | - | 2,613 | 1,150 | 1,788 | - | 150 | 5,701 | 7,159 |
| Jurgens, A | - | - | - | - | - | - | - | 984 |
| Kreese, M | - | 2,213 | 688 | 1,039 | - | 124 | 4,062 | - |
| Olson, J | - | 3,125 | 1,275 | 2,299 | - | - | 6,699 | 5,682 |
| Osmundson, G | - | 3,550 | 1,713 | 2,698 | - | - | 7,961 | 3,451 |
| Otterson, H | - | 3,788 | 1,319 | 2,208 | - | 197 | 7,511 | 7,550 |
| Schwab, S | - | 1,900 | 775 | 1,274 | - | 86 | 4,035 | 7,706 |
| Selanders, J | - | 1,100 | 50 | 41 | - | 44 | 1,235 | - |
| Sexsmith, R | - | - | - | - | - | - | - | - |
| Total | $ 7,417 | $ 36,294 | $ 9,544 | $ 14,782 | $ - | $ 2,115 | $ 70,152 | $ 87,023 |

### SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2014

| Senior Employees | 2014 | | | | | 2013 (restated)[3] | | |
|---|---|---|---|---|---|---|---|---|
| | Salaries[1] | Benefits and Allowances[2] | Sub-total | Severance Amount | Total | Salaries, Benefits & Allowances[1,2] | Severance | Total |
| Cecile Hunt, CEO | $ 250,738 | $ 4,753 | $ 255,491 | $ - | $ 255,491 | $ 266,740 | $ - | $ 266,740 |
| Lynnda Berg, VP | 167,923 | 20 | 167,943 | - | 167,943 | 180,105 | - | 180,105 |
| Jamie Callahan, VP | 165,208 | 20 | 165,228 | - | 165,228 | 190,421 | - | 190,421 |
| Cheryl Elliott, VP | 130,485 | 20 | 130,505 | - | 130,505 | 140,772 | - | 140,772 |
| Carol Gregoryk, VP | 186,071 | 20 | 186,091 | - | 186,091 | 191,475 | - | 191,475 |
| John Piggott, VP | 160,324 | 20 | 160,344 | - | 160,344 | 176,718 | - | 176,718 |
| Patricia Stuart, VP | 156,224 | 20 | 156,244 | - | 156,244 | 176,242 | - | 176,242 |
| Neil Falk, Director of IT | 152,132 | 20 | 152,152 | - | 152,152 | 78,931 | - | 78,931 |
| Doug Dahl, Communications Officer | 83,619 | 20 | 83,639 | - | 83,639 | 81,870 | - | 81,870 |
| Kathy Holmgren, Executive Assistant | 66,905 | 20 | 66,925 | - | 66,925 | 64,012 | - | 64,012 |
| Dr B Hookenson, Senior Physician Executive | 180,019 | - | 180,019 | - | 180,019 | 155,213 | - | 155,213 |
| Dr E Royeppen, Senior Physician Executive | 212,218 | - | 212,218 | - | 212,218 | 212,218 | - | 212,218 |
| Dr K Chokani, Medical Health Officer | 396,636 | - | 396,636 | - | 396,636 | 359,371 | - | 359,371 |
| Total | $2,308,502 | $ 4,933 | $2,313,435 | $ - | $2,313,435 | $2,274,089 | $ - | $ 2,274,089 |

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2014 and will be paid out in the 2014-15 fiscal year. This schedule will be amended in the 2014-15 fiscal year to reflect the performance adjustments. Refer to Note 20 for further details.
2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.
3. Salaries, benefits & allowances for 2013 have been restated to reflect performance adjustments for the 2012-13 fiscal year paid out in fiscal 2013-14

Members of the Accreditation Canada survey team don Saskatchewan Roughriders hats at the end of their week in Prince Albert Parkland. Accreditation Canada is a national peer review program. The Prince Albert Parkland Health Region had its Accreditation Canada survey from June 2-7, 2013, and was awarded Accreditation. The Accreditation Canada's Omentum program is comprised of a self-evaluation process along with an external peer survey conducted onsite. The onsite visits assesses the Region's governance, leadership, clinical programs and services against national standards for quality and safety.

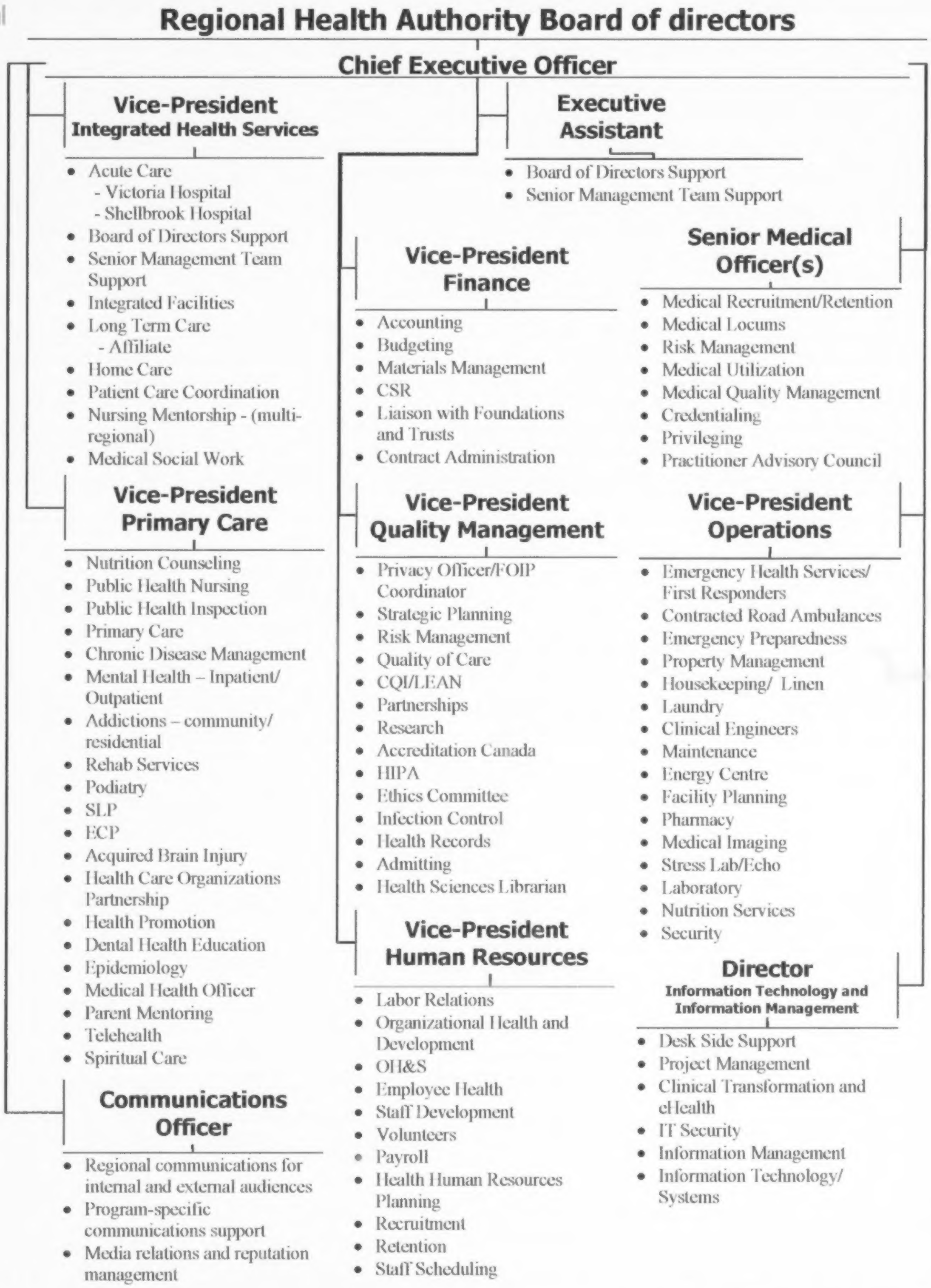


The Prince Albert Parkland Health Region partners with Parkland Ambulance Care Ltd. of Prince Albert for the Automated External Defibrillator program. The program assists in placing AED devices in community and business locations throughout the Region. Parkland Ambulance also assists with training individuals to use AEDs. A complete list of locations can be found at www.parklandambulance.com.

The fitLife program held its second annual Walk of Life on Sept. 7, 2013. The Walk of Life is an awareness campaign for the importance of cardiac rehabilitation. The fitLife program receives one referral a day for our services. To help raise funds this year, a silent auction and a raffle draw were held, along with donations brought in by the participants. Including a matching donation from Scotiabank, the event raised almost $15,000.

# Appendix A:

>> Organizational Chart



## Regional Health Authority Board of directors

### Chief Executive Officer

### Vice-President Integrated Health Services

- Acute Care
  - Victoria Hospital
  - Shellbrook Hospital
- Board of Directors Support
- Senior Management Team Support
- Integrated Facilities
- Long Term Care
  - Affiliate
- Home Care
- Patient Care Coordination
- Nursing Mentorship - (multi-regional)
- Medical Social Work

### Vice-President Primary Care

- Nutrition Counseling
- Public Health Nursing
- Public Health Inspection
- Primary Care
- Chronic Disease Management
- Mental Health – Inpatient/ Outpatient
- Addictions – community/ residential
- Rehab Services
- Podiatry
- SLP
- ECP
- Acquired Brain Injury
- Health Care Organizations Partnership
- Health Promotion
- Dental Health Education
- Epidemiology
- Medical Health Officer
- Parent Mentoring
- Telehealth
- Spiritual Care

### Communications Officer

- Regional communications for internal and external audiences
- Program-specific communications support
- Media relations and reputation management

### Executive Assistant

- Board of Directors Support
- Senior Management Team Support

### Vice-President Finance

- Accounting
- Budgeting
- Materials Management
- CSR
- Liaison with Foundations and Trusts
- Contract Administration

### Vice-President Quality Management

- Privacy Officer/FOIP Coordinator
- Strategic Planning
- Risk Management
- Quality of Care
- CQI/LEAN
- Partnerships
- Research
- Accreditation Canada
- HIPA
- Ethics Committee
- Infection Control
- Health Records
- Admitting
- Health Sciences Librarian

### Vice-President Human Resources

- Labor Relations
- Organizational Health and Development
- OH&S
- Employee Health
- Staff Development
- Volunteers
- Payroll
- Health Human Resources Planning
- Recruitment
- Retention
- Staff Scheduling

### Senior Medical Officer(s)

- Medical Recruitment/Retention
- Medical Locums
- Risk Management
- Medical Utilization
- Medical Quality Management
- Credentialing
- Privileging
- Practitioner Advisory Council

### Vice-President Operations

- Emergency Health Services/ First Responders
- Contracted Road Ambulances
- Emergency Preparedness
- Property Management
- Housekeeping/ Linen
- Laundry
- Clinical Engineers
- Maintenance
- Energy Centre
- Facility Planning
- Pharmacy
- Medical Imaging
- Stress Lab/Echo
- Laboratory
- Nutrition Services
- Security

### Director Information Technology and Information Management

- Desk Side Support
- Project Management
- Clinical Transformation and eHealth
- IT Security
- Information Management
- Information Technology/ Systems

# Appendix B:

## Directory of services

### Prince Albert

**Acquired Brain Injury (ABI) Services**

| | |
|---|---|
| 1521 6th Ave. West | 306-765-6630 |
| Facsimile | 306-765-6657 |
| Toll-free | 1-866-899-9951 |

**Addiction Services, Adult & Problem Gambling**

| | |
|---|---|
| 2nd Floor - 101 15 St East | 306-765-6550 |
| Facsimile | 306-765-6554 |
| Toll Free | 1-855-765-6550 |

**Addiction Services, Youth**

| | |
|---|---|
| 2nd Floor - 101 15 St East | 306-765-6565 |
| Facsimile | 306-765-6567 |

**Brief and Social Detox Centre**

| | |
|---|---|
| 1200 24th St. West | 306-765-6700 |
| Facsimile | 306-765-6701 |

**Diabetes Education Centre**

| | |
|---|---|
| 1521 6th Ave. West | 306-765-6464 |
| Facsimile | 306-765-6624 |

**Dietitian Services**

| | |
|---|---|
| Community Dietitian | 306-765-6464 |
| Public Health Nutritionist | 306-765-6604 |
| School Nutritionist | 306-765-6609 |
| Shellbrook | 306-747-6202 |

**Dermatology**

| | |
|---|---|
| 2345 10th Ave. West | 306-765-6317 |

**Family Treatment Centre**

| | |
|---|---|
| 1200 24th St. West | 306-765-6375 |

**fitLife Cardio-Pulmonary Rehab Program**

| | |
|---|---|
| Room 200, 20 14th Street West | 306-765-6590 |
| Facsimile | 306-765-6594 |

**Health Promotion & Education**

| | |
|---|---|
| 1521 6th Ave. West | 306-765-6641 |
| Or | 306-765-6627 |

**Herb Bassett Home**

| | |
|---|---|
| 1220 25th St West | 306-765-6000 |

**Home Care—Regional Office**

| | |
|---|---|
| Unit D – 4050 2nd Ave. West | 306-765-2450 |

**Lab Service Centre**

| | |
|---|---|
| South Hill Mall | 306-765-6319 |

**Mental Health Outpatient Services**

| | |
|---|---|
| Victoria Square—2345 10th Ave. W. | 306-765-6055 |
| Facsimile | 306-765-6349 |
| Toll-free | 1-888-765-6055 |

**Mental Health Inpatient Services**

| | |
|---|---|
| Regional Mental Health Centre | 306-765-6053 |

**Pineview Terrace Lodge Long-term Care**

| | |
|---|---|
| 701 13th St. West | 306-765-6570 |

**Prince Albert Parkland Health Region**

| | |
|---|---|
| Corporate Office—1521 6th Ave. West | 306-765-6400 |
| Facsimile | 306-765-6401 |
| Communications | 306-765-6409 |
| Financial Services | 306-765-6420 |
| Regional Health Authority (Board) | 306-765-6400 |
| Human Resources | 306-765-6430 |
| Facsimile | 306-765-6431 |
| Patient Safety and Quality Managers | 306-765-6499 |
| Facsimile | 306-764-4131 |
| Privacy and Freedom of Information Officer | 306-883-4460 |
| Volunteer Services | 306-765-6010 |

**Public Health Inspection**

| | |
|---|---|
| 1521 6th Ave. West | 306-765-6600 |
| Facsimile | 306-765-6624 |

**Public Health Nursing**

| | |
|---|---|
| 2nd Floor, 800 Central Ave. | 306-765-6500 |
| Facsimile | 306-765-6536 |
| Dental Health Educator | 306-765-6502 |
| Hearing Aid Plan | 306-765-6520 |
| Immunization Clinic | 306-765-6510 |
| Prenatal Classes | 306-765-6510 |
| Travel Health Clinic | 306-765-6506 |

**Sexual Health Clinic – Access Place**

| | |
|---|---|
| 101 15 St East | 306-765-6544 |
| Anonymous HIV Testing | 306-765-6540 |
| Hepatitis C Clinic | 306-765-6545 |

**Therapies**

| | |
|---|---|
| Victoria Hospital | 306-765-6126 |
| Facsimile | 306-765-6284 |

**Victoria Hospital**

| | |
|---|---|
| 1200 24th St. West | 306-765-6000 |
| Toll Free—Prince Albert | 1-800-922-1834 |
| Facsimile | 306-763-2871 |
| Patient Care Coordinator Unit | 306-765-6199 |

# Appendix B:

## Directory of services

### Big River

| | |
|---|---|
| **Big River Health Centre** | |
| 220 1st Ave. North | 306-469-2220 |
| Or | 306-469-2333 |
| Facsimile | 306-469-2193 |
| **Big River Primary Health Care Clinic** | |
| 220 1st Ave. North | 306-469-2055 |
| **Public Health Nursing** | |
| 220 1st Avenue North | 306-469-2505 |
| Facsimile | 306-469-2603 |

### Birch Hills

| | |
|---|---|
| **Birch Hills Health Facility** | |
| 3 Wilson Street | |
| **Birch Hills Primary Health Care Clinic** | 306-749-3331 |
| Facsimile | 306-749-2440 |
| **Birchview Home** | 306-749-2288 |
| Or | 306-749-3488 |
| Facsimile | 306-749-2406 |
| **Director of Care** | 306-749-3565 |
| **Mental Health/ Addictions** | 306-749-3302 |

### Blaine Lake

| | |
|---|---|
| **Blaine Lake Primary Health Care Clinic** | |
| 307 Main St. | 306-497-2494 |
| Facsimile | 306-497-2557 |
| **Home Care** | |
| 307 Main St | 306-497-2664 |

### Canwood

| | |
|---|---|
| **Whispering Pine Place,** | |
| 300 1st Ave | 306-468-2900 |
| Facsimile | 306-468-2199 |

### Debden

| | |
|---|---|
| **Home Care** | |
| 4 – 204 2nd Ave. East | 306-724-2110 |

### Hafford

| | |
|---|---|
| **Hafford Special Care Centre and Primary Care Site** | |
| 213 South Ave East | 306-549-2108 |
| Administration | 306-549-2103 |
| Facsimile | 306-549-2104 |
| **Hafford Primary Health Care Clinic** | 306-549-2323 |
| Clinic Facsimile | 306-549-4660 |
| **Home Care** | |
| 213 South Ave East | 306-549-4266 |

### Kinistino

| | |
|---|---|
| **Jubilee Lodge** | |
| 401 Meyers Ave. | 306-864-2851 |
| Facsimile | 306-864-3220 |
| **Kinistino Primary Health Care Clinic** | |
| 401 Meyers Ave. | 306-864-2212 |
| Facsimile | 306-864-3220 |

### Leask

| | |
|---|---|
| **Home Care** Hwy 40 | 306-466-2280 |
| **Wheatland Lodge** Hwy 40 | 306-466-4949 |
| Facsimile | 306-466-2209 |

### Leoville

| | |
|---|---|
| **Evergreen Health Centre** 1st Ave | 306-984-2136 |
| Facsimile | 306-984-2046 |

### Shellbrook

| | |
|---|---|
| **Parkland Integrated Health Centre** | |
| Main office | 306-747-2603 |
| Facsimile | 306-747-3004 |
| **Long-Term Care Facility** | 306-747-6840 |
| **Parkland Terrace Recreation** | 306-747-6841 |
| **Director of Care** | 306-747-6830 |
| **Home Care** | 306-747-6811 |
| **Public Health** | 306-747-6828 |
| **Addictions services** | 306-747-6815 |
| **Mental Health** | 306-747-6813 |
| **Therapies** | 306-747-6822 |
| **Therapies** | 306-747-6823 |
| **Director Primary Care** | 306-747-6818 |
| **Shellbrook Primary Health Care Clinic** | |
| 206 2nd Avenue West | 306-747-2552 |

### Spiritwood

| | |
|---|---|
| **Home Care** Area office, 400 1st East | 306-883-4266 |
| Facsimile | 306-883-4440 |
| **Public Health Nursing** 400 1st St. East | 306-883-4470 |
| Facsimile | 306-883-4440 |
| **Spiritwood and District Health Complex** | |
| 400 1st East | 306-883-2133 |
| Facsimile | 303-883-4440 |
| Toll Free—Spiritwood | 1-800-887-6251 |
| **Primary Health Care and Medical Clinic services** | 306-883-4400 |
| **Addictions Services** | 306-883-4479 |
| **Community Mental Health** | 306-883-4462 |
| **Parent Support Worker** | 306-883-4463 |
| **Therapies** | 306-883-2133 |
| **Primary & Community Care, Vice-President** | 306-883-4473 |

# Appendix C:

## Health Indicators

This section includes a variety of data about the population health and health system performance of the Prince Albert Parkland Regional Health Authority. It includes data from Statistics Canada and the Canadian Institute for Health Information (CIHI). This data is used by the Prince Albert Parkland Regional Health Authority to identify strategic priorities for health care services, as well as developing population health plans with a variety of health system and community partners. Items with an asterisk (*) have previous year's data.

**Perceived health as very good or excellent (% of population 12 years and over)**

| | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|
| **PAPHR** | 57.2 | 52.2 | 48.6 | 51.3 |
| **Saskatchewan** | 58.7 | 57.3 | 56.8 | 56.9 |
| **Canada** | 60.5 | 60.1 | 59.9 | 59.9 |

Statistics Canada Canadian Community Health Survey - Annual Component—May 2014

**Perceived health as fair or poor (% of population 12 years and over)**

| | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|
| **PAPHR** | 12.2 | 14 | 17.1 | 15.4 |
| **Saskatchewan** | 11.6 | 11.5 | 12.1 | 12.9 |
| **Canada** | 11 | 11.6 | 11.5 | 10.9 |

Statistics Canada Canadian Community Health Survey - Annual Component—May 2014

**Perceived mental health as very good or excellent (% of population 12 years and over)**

| | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|
| **PAPHR** | 75.8 | 70.5 | 67.1 | 59.5 |
| **Saskatchewan** | 71.7 | 71.3 | 68.4 | 67.2 |
| **Canada** | 73.9 | 73.9 | 72.6 | 71.7 |

Statistics Canada Canadian Community Health Survey - Annual Component—May 2014

**Perceived mental health as fair or poor (% of population 12 years and over)**

| | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|
| **PAPHR** | 4.5 | 6.1 | 6.4 | 8.0 |
| **Saskatchewan** | 5.4 | 5.1 | 6.8 | 7.2 |
| **Canada** | 5.1 | 5.3 | 5.6 | 5.7 |

Statistics Canada Canadian Community Health Survey - Annual Component—May 2014

# Appendix C:

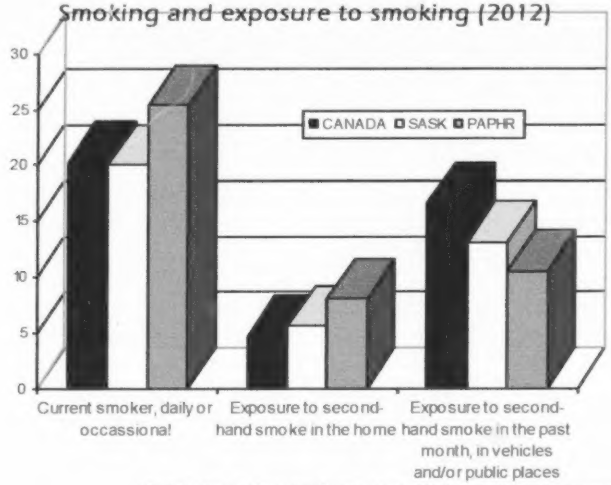
**Health Indicators**

**Perceived life stress, quite a lot (% of 15 years and over)**

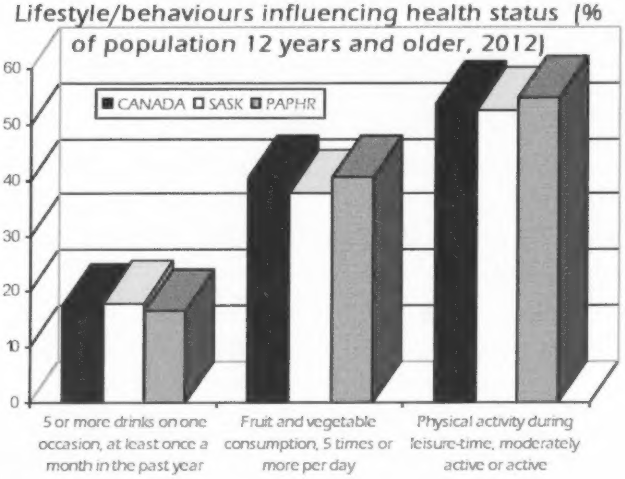
| | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|
| PAPHR | 24.5 | 16.3 | 19.6 | 17.5 |
| Saskatchewan | 19 | 19.3 | 18.5 | 19.5 |
| Canada | 23.2 | 23.5 | 23.6 | 22.7 |

Statistics Canada Canadian Community Health Survey - Annual Component—May 2014

Statistics Canada Canadian Community Health Survey - Annual Component—May 2014



Statistics Canada Canadian Community Health Survey - Annual Component—May 2014



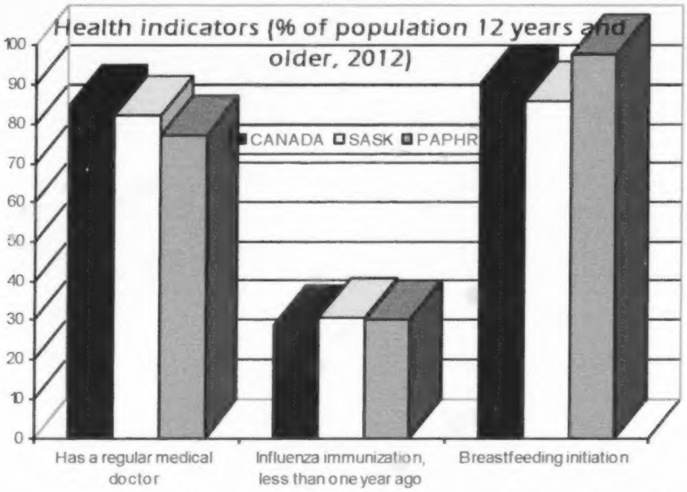
# Appendix C:

## Health Indicators

**Body mass index, self-reported, adult, overweight or obese (% of 18 years and over)**

| | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|
| PAPHR | 64.9 | 69.9 | 67.7 | 63.8 |
| Saskatchewan | 58.6 | 58.9 | 59.4 | 59.5 |
| Canada | 51.6 | 52.3 | 52.1 | 52.5 |

Statistics Canada Canadian Community Health Survey - Annual Component—May 2014



Statistics Canada Canadian Community Health Survey - Annual Component—May 2014

**Sense of belonging to local community, somewhat strong or very strong (% of 12 years and over)**

| | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|
| PAPHR | 73.8 | 64.1 | 71.6 | 68.2 |
| Saskatchewan | 71.0 | 72.0 | 72.4 | 73.8 |
| Canada | 65.4 | 65.4 | 64.8 | 66.1 |

Statistics Canada Canadian Community Health Survey - Annual Component—May 2014

**Mood disorder (% of 12 years and over)**

| | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|
| PAPHR | 7.9 | 7.0 | 7.9 | 7.9* |
| Saskatchewan | 7.1 | 6.6 | 8.3 | 7.6 |
| Canada | 6.3 | 6.5 | 7.0 | 7.1 |

Statistics Canada Canadian Community Health Survey - Annual Component—May 2014

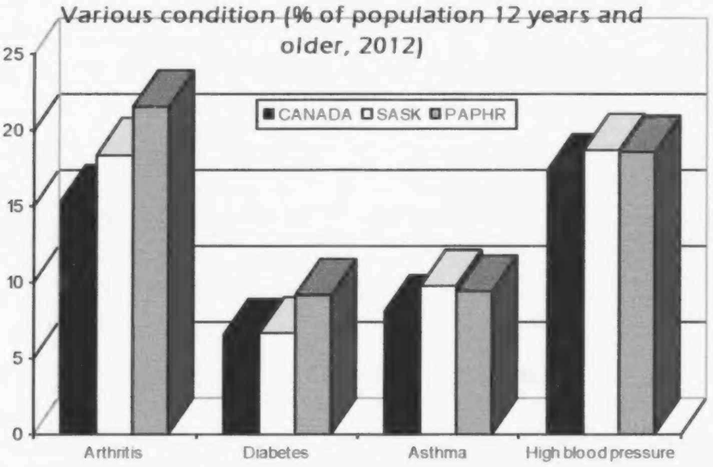
# Appendix C:

>> Health Indicators

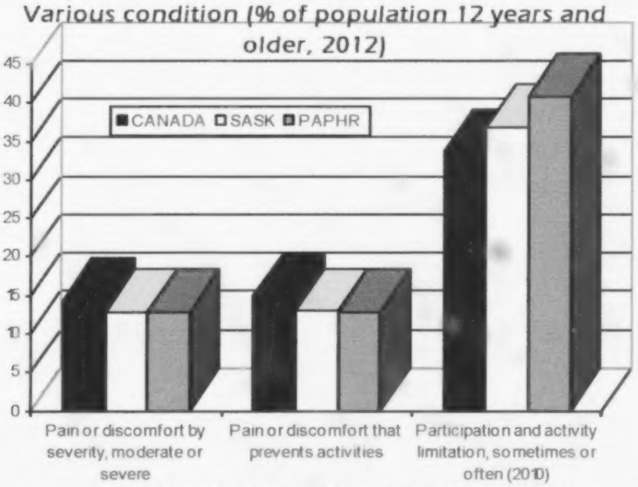
**General Practitioner/Family Physicians (per 100,000 population)**

| | 2009 | 2010 | 2011 |
|---|---|---|---|
| **PAPHR** | 106 | 104 | 118 |
| **Saskatchewan** | 94 | 95 | 100 |
| **Canada** | 103 | 104 | 106 |

Canadian Institute for Health Information—Indicators, May 2013


Various condition (% of population 12 years and older, 2012)

Statistics Canada Canadian Community Health Survey - Annual Component—May 2014


Various condition (% of population 12 years and older, 2012)

Statistics Canada Canadian Community Health Survey - Annual Component—May 2014

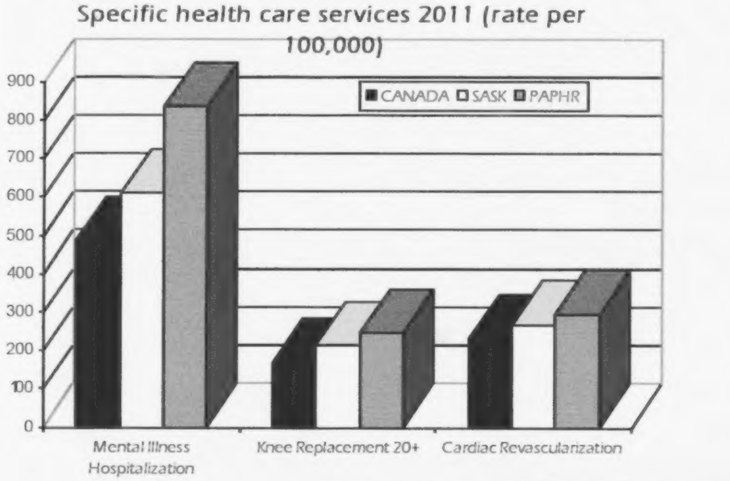
# Appendix C:

## Health Indicators

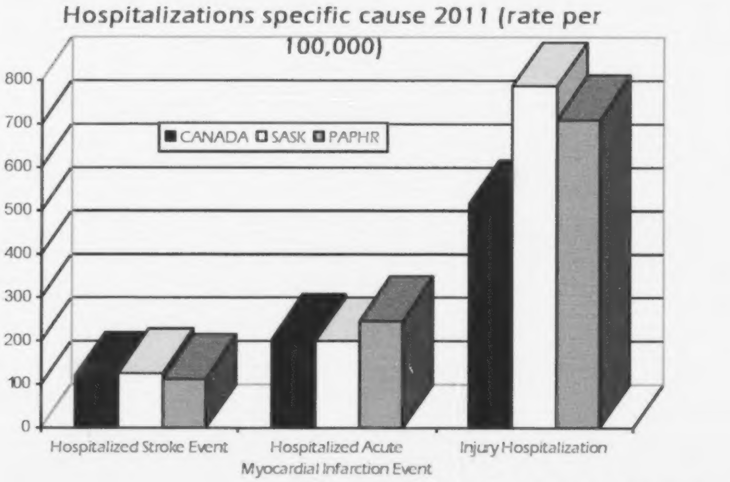
**Specialist Physicians (per 100,000 population)**

| | 2009 | 2010 | 2011 |
|---|---|---|---|
| **PAPHR** | 41 | 47 | 61 |
| **Saskatchewan** | 72 | 75 | 80 |
| **Canada** | 99 | 101 | 103 |

Canadian Institute for Health Information—Indicators, May 2013



Canadian Institute for Health Information—Indicators, May 2013



Canadian Institute for Health Information—Indicators, May 2013

# *Appendix D:*

## Payee List

Regional Health Authorities are required to disclose payments by payee for the fiscal year in the annual report. The Government of Saskatchewan Treasury Board determines the threshold for payees requiring disclosure in the Annual Report to the Minister of Health. The minimum threshold is $50,000. Payees are sorted into the following four categories and include the following information:

1. Personal Services - disclose the name and amount paid to individuals of the RHA who received salaries, wages, bonuses, honoraria and compensation for personal service. This category includes unionized and non-unionized employees, senior management (that are also included in Schedule 5 of the Audited Financial Statements), and contracts where an 'employee/employer relationship' is established. The amount paid includes the following:
    - Salaries - regular base pay, overtime, lump sum payments, honoraria/ retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, taxable employee education expenses, car allowances, and any other direct cash remuneration including sick leave, short -term disability, vacation, and differentials.
    - Contracts – the total amount paid (over the threshold) if an 'employee/ employer' relationship exits. If the relationship does not exist and the payment is over the minimum threshold, report the amount as a 'Supplier Payment'

2. Supplier Payments - disclose payees name and amount paid for the provision of goods and/or services to the RHA. Also, include contracts over the minimum threshold of contracts where an 'employer/employee' relationship does NOT exist.

3. Transfers – disclose the payees name and amount paid for each payee receiving payments for: program grants, funding, foundations, donations, sponsorships and HCOs, over the minimum threshold. Do not disclose details for programs of a confidential and personal nature. Transfers amount for each Affiliate equals the total grant (or funding) less the amount recorded in the previous section for personal services for that affiliate.

4. Other Expenditures - disclose payees name and amount paid for expenditures of the RHA above the threshold not included in other categories.

# Appendix D:

## >> Payee List: Personal Services

| | | |
|---|---|---|
| AARRESTAD | DANITA | $ 64,610.57 |
| ABRAMETZ | CATHRYN | 79,895.40 |
| AHENAKEW | SHEILA | 60,940.67 |
| ALASAGAS | TITO MARI | 85,297.91 |
| ALDOUS | KAYLLA | 65,097.89 |
| ALEY | LENDRA | 92,181.16 |
| ALLEN | ALETA | 103,029.66 |
| ALLEN | MARLENE | 116,011.19 |
| ALVAREZ | D CHI MIN | 105,490.35 |
| ALVAREZ | RICHARD | 122,905.96 |
| AMUNDSON | LUCILLE | 94,286.94 |
| AMYOTTE | JANELLE | 92,786.93 |
| ANAKA | KIM | 98,275.66 |
| ANDERSON | BRIAN | 52,320.91 |
| ANDERSON | MICHELLE | 57,255.08 |
| ANDERSON | PENNY | 50,952.44 |
| ANDRE | BRENDA | 64,939.71 |
| ANDRES | BONNIE | 67,038.74 |
| ANTOINE | JANE | 104,770.62 |
| ANTOINE | KYLIE | 57,514.25 |
| APPLEGATE | JANA | 53,025.34 |
| APPLEYARD | APRIL | 80,477.00 |
| APRIL | SUSAN | 70,242.14 |
| AQUINO | RONALD JA | 83,320.28 |
| ARBUCKLE | TAINA | 75,538.34 |
| ARCAND | ROSEMARIE | 51,524.16 |
| ARCAND | ROXANNE | 65,865.83 |
| ARCHIBALD | CHRIS | 80,004.35 |
| ARCHIBALD | PAMELA | 53,898.74 |
| ASCHENBRENNER | CATHERINE | 90,952.04 |
| ASCHENBRENNER | JOANNE | 63,216.45 |
| ASHWORTH | SUSAN | 76,487.25 |
| ASPLIND | JANICE | 51,500.35 |
| ATCHESON | WANDA | 106,697.63 |
| AUG | ANGELA | 81,021.20 |
| AUG | LAURA | 82,691.24 |
| AUSTIN | CATHY | 50,920.66 |
| BADGLEY | STEPHANIE | 78,365.17 |
| BAGLOLE | SHAUNA | 68,207.73 |
| BAGONGON | IRVIN | 110,478.43 |
| BAIN | DANA | 80,012.94 |
| BAIN | RANDY | 62,954.26 |
| BALICKI | LENNIE | 87,274.66 |
| BALICKI | LESIA | 99,815.31 |
| BALICKI | VALERIE | 56,086.22 |
| BALONE | CLAIRE | 90,186.69 |
| BALONE | YVONNE | $ 63,203.61 |
| BANNERMAN | LORETTE | 86,874.13 |
| BARBER | WHITNEY | 85,706.07 |
| BARCELONA | CAROLINE | 126,548.01 |
| BARGEN | REBECCA | 76,632.20 |
| BASARABA | CONNIE | 66,265.29 |
| BASARABA | LAURA | 84,104.93 |
| BATAWALA | AMANDA | 60,203.93 |
| BATISARISARI | JUDY | 115,492.10 |
| BATTY | DARLENE | 124,331.73 |
| BATTY-SIMONAR | ALLISON | 82,899.15 |
| BAUTISTA | JOEY CHRI | 105,434.83 |
| BEAL | KELSEY | 69,888.51 |
| BEAR | ALISON | 95,205.32 |
| BEAR | MILDRED | 58,402.39 |
| BEAUCHESNE | HEATHER | 72,487.61 |
| BEAULIEU | DOLORES | 74,675.79 |
| BEDDOME | JUDY | 79,205.29 |
| BEGRAND | AMANDA | 84,920.69 |
| BEKKATTLA | COLLEEN | 91,631.39 |
| BELAIR | CHELSEA | 68,477.87 |
| BELAIR | KIMBERLY | 68,658.01 |
| BELANGER | MEGAN | 72,142.80 |
| BELISLE | SHIELEMAH | 56,293.93 |
| BELL | DENISE | 85,393.80 |
| BELTRAN YU | RONNIE PO | 108,383.66 |
| BENNETT | LORNA | 58,594.84 |
| BENSON | DONNA | 61,358.48 |
| BENTZ | STACY | 67,888.59 |
| BERG | BETH | 53,910.41 |
| BERG | LYNNDA | 184,016.75 |
| BERG KOLODY | LISA | 123,807.05 |
| BERGEN | KELLY | 68,660.48 |
| BERGEN | PATRICA | 76,059.71 |
| BERGQUIST | CARLA | 59,389.01 |
| BERKACH | TANISHA | 62,578.43 |
| BEST | MARGOT | 60,669.17 |
| BEVAN | EVELYN | 66,629.95 |
| BIBBY | BRAD | 74,480.98 |
| BILLAY | JASON | 95,656.98 |
| BILLAY | M ELAINE | 78,644.06 |
| BILLAY | ROBERT | 74,500.70 |
| BIRCHAM | TABBATHA | 66,071.54 |
| BIRD | ALICE | 87,798.25 |
| BISSKY | BORIS | 65,652.19 |
| BJERKNESS | LUCILLE | 78,984.95 |

# Appendix D:

## >> Payee List: Personal Services

| | | | | | |
|---|---|---|---|---|---|
| BLACKBURN | ANTHONY | $ 87,912.27 | BUTTERFIELD | MARINA | $ 79,070.05 |
| BLAHUT | DARCY | 68,780.60 | CABILAO | EVANGELIN | 108,625.25 |
| BLAIN | DANIELLE | 76,794.16 | CADIEU | BONNIE | 77,785.97 |
| BLAIR | MICHELLE | 93,805.09 | CAGUIN | MERIAM | 76,331.59 |
| BLAIS | JOAN | 56,241.68 | CAISSE | SHELLY | 50,475.85 |
| BLECHINGER | KEVIN | 82,002.75 | CALAYO | CLARISSA | 64,437.28 |
| BLIXRUD | GAIL | 51,350.72 | CALLAGHAN | DAWN | 76,977.57 |
| BLOCKA | LYNN | 93,020.26 | CALLAHAN | JAMIE | 182,818.99 |
| BODNARCHUK | MARJORIE | 104,770.62 | CAMCHE | ALLISYN | 77,999.92 |
| BOEHM | DEBRA | 52,012.82 | CAMERON | DIANA | 58,915.39 |
| BOISSON | SHERRI | 80,410.85 | CAMPBELL | ALISON | 88,527.91 |
| BOLOTNIUK | LORI LEE | 96,019.14 | CAMPBELL | LORRAINE | 94,178.33 |
| BONNE ANNEE | BRUNETTE | 58,153.35 | CAMPONI | ROSA | 97,484.57 |
| BOOTH | JILL | 65,670.86 | CANITZ | ANTON | 55,830.56 |
| BOROWSKY | HEATHER | 58,674.96 | CARLSON | TRACY | 87,241.59 |
| BORSHOWA | MANDY | 68,892.94 | CARRIER | JANET | 67,003.99 |
| BORSTMAYER | DAWN | 72,078.67 | CARRIER | MARLENE | 58,400.85 |
| BOUVIER | AIMEE | 66,483.89 | CARRIERE | SHELLY | 58,715.71 |
| BOYCHUK | LOIS | 175,049.70 | CARRUTHERS | GLENN | 117,210.86 |
| BOYER | DEANNA | 91,941.68 | CASAVANT | CAYLAH | 69,596.21 |
| BOYKO | JAMES | 68,586.95 | CASAVANT | HEATHER | 99,801.46 |
| BOYKO | RILEY | 50,649.52 | CASAVANT | MEGHAN | 73,364.62 |
| BRAATEN | DEANNE | 71,513.96 | CATRAL | IRIS ELLA | 92,836.26 |
| BRAATEN | NAOMI | 50,970.79 | CHADWICK | SHERRI | 50,195.21 |
| BRAD | DONNA | 156,509.60 | CHAGNON | MARLENE | 51,141.12 |
| BRAHNIUK | CORINA | 73,720.61 | CHAMBERS | LISA | 76,074.39 |
| BRAKE | BRENDA | 105,785.49 | CHARTRAND TRZASKOWSKI | CHRISTINA | 66,460.32 |
| BRANDOLINO | BRANDY | 60,404.84 | CHAUDHRY | ZUBAIDA | 175,678.04 |
| BRAY | WILLIAM | 74,911.64 | CHAVEZ | CHRIZALYN | 115,609.01 |
| BREKER | BRENDA | 74,074.05 | CHAVEZ | MALCOLM | 106,864.24 |
| BRIDGE | GARY | 95,136.09 | CHICOINE | MICHELLE | 51,671.47 |
| BROOKS | COLEEN | 94,116.45 | CHORESCA | CHRISTIAN | 50,754.09 |
| BROOKS | JOANNE | 91,139.52 | CHORNEY | CARLEY | 64,395.57 |
| BROOKS | LESLIE | 72,466.52 | CHRETIEN | EVELYN | 85,657.13 |
| BROOME | ERIKA | 66,819.17 | CHRISTIANSEN | LORI | 90,955.37 |
| BROWN | APRIL | 63,844.80 | CHRISTMANN | KIM | 79,376.09 |
| BROWN | DARLA | 55,069.04 | CLARK | JANET | 119,104.58 |
| BROWN | MARJORY | 85,211.96 | CLARKE | GLENIS | 78,621.14 |
| BRUCE | LYNN | 91,642.62 | CLARKE | SHARLENE | 75,254.96 |
| BRUCE | MORRIS | 50,615.28 | CLARKE | TRINA | 72,711.51 |
| BRYDGES | JOANNE | 90,349.98 | COCHRANE ZALEWSKI | MICHELLE | 53,952.85 |
| BUCKINGHAM | KATHERYN | 62,984.82 | COLES | RENEE | 52,901.42 |
| BURANT | JOANNE | 62,497.55 | CONANT | DANA | 68,959.29 |
| BURNIE ALLEN | P JILL | 71,598.89 | COOK | DELPHINE | 82,708.90 |
| BURNS | JAELYNN | 77,094.85 | COOK | DONNA | 92,772.69 |
| BURWOOD | LINDA | 52,787.91 | COOLING | JERRILYN | 67,431.50 |

# Appendix D:

## Payee List: Personal Services

| | | | | | |
|---|---|---|---|---|---|
| COOPER | SHEILA | $ 110,995.59 | DEOBALD | VIRGINIA | $ 74,739.20 |
| CORNELSON | KELLY | 67,415.75 | DESCHAMBEAULT | ALYSSA | 72,135.28 |
| COTTINGHAM | JASON | 53,154.41 | DEWHURST | BONNIE | 75,601.48 |
| COULDWELL | BRITTANY | 68,541.14 | DICKENS | TERESA | 67,730.45 |
| COUTU | JAS | 92,208.64 | DICKSON | CATHY | 91,799.81 |
| COUTURE | PATRICIA | 115,091.04 | DICUS | ESTELLE | 70,621.97 |
| COWIE | BONNIE | 51,278.54 | DIEHL | GAIL | 69,788.73 |
| COX | KATHLEEN | 57,523.19 | DIEHL-FERRIS | KARIN | 70,865.63 |
| CRAIG | JUDITH | 96,103.33 | DIEMERT | JACKALEEN | 72,583.95 |
| CRAWFORD | ELEANOR | 54,962.85 | DISIEWICH | KAREN | 65,439.54 |
| CRAWFORD | SHELLEY | 92,018.93 | DOBROWOLSKI | MARK | 56,624.67 |
| CRELLIN | MARGARET | 120,845.38 | DONALD | HELEN | 104,234.33 |
| CROSS | DANIELLE | 61,260.08 | DOOLEY | NIKKI | 83,073.00 |
| CROWE | JULIE | 51,476.90 | DOROSH | PERPETUA | 94,544.42 |
| CRUZ | JERRY | 91,062.90 | DOROSH | TONI BRAI | 67,990.40 |
| CUDDIE | CHARMAINE | 94,235.66 | DORVAL | TWYLA | 69,575.03 |
| CURTIS | CHONA | 58,069.52 | DOUCETTE | FLORETTE | 109,014.26 |
| CUTTING | EUNICE | 91,790.57 | DOUCETTE | MAUREEN | 75,954.80 |
| CYR | LINDA | 74,135.17 | DOUGAN | BEVERLEY | 105,555.63 |
| CYR | MICHELLE | 50,823.18 | DOWLING | DEANNE | 69,189.02 |
| CYR | MURIELLE | 106,735.16 | DOWNEY | SHERRYL | 72,182.67 |
| DAGENAIS | KAREN | 106,276.49 | DRIEDGER | AMANDA | 61,628.11 |
| DAGENAIS | SHAWN | 81,703.24 | DRIESCHNER | ARLENE | 94,729.18 |
| DAHL | DOUG | 83,618.82 | DRYKA | MELISSA | 53,208.06 |
| DAHL | JANET | 126,649.51 | DUBYK | DEBORAH | 55,090.55 |
| DAIGNEAULT | SAMANTHA | 94,888.39 | DUCHSCHERER | GLORIA | 104,770.62 |
| DALLMAN | BROOK | 69,692.30 | DUNN | ERIN | 56,124.08 |
| DALLMAN | JASON | 72,934.35 | DUPUIS | JOCELYNE | 71,618.86 |
| DAMPIL-BUNDALIAN | CHARRY | 94,613.52 | DUPUIS | TRACY | 55,280.82 |
| DANGER | BETTY | 73,347.56 | DURET | ALINE | 79,643.50 |
| DANIELS | DORIS | 84,743.27 | DUROCHER | DOLORES | 63,299.92 |
| DANIELSON | DEBRA | 89,651.00 | DUSSEAULT | CLARA | 63,666.25 |
| DAONGAM | RAI LIN | 63,923.22 | DUTKA | PATTI | 51,511.36 |
| DARBYSHIRE | DIANA | 105,296.39 | DYCK | JOLEAN | 66,591.63 |
| DAVIDSON | BRITTANY | 64,646.53 | DYNNA | MAUREEN | 69,956.47 |
| DAVIDSON | ELBERT | 71,319.92 | ECALDRE | PETER | 116,544.82 |
| DAVIES | TRACIE | 73,337.92 | ECHAVEZ | MARILOU | 86,627.49 |
| DAVIS | GILLIAN | 80,799.81 | EDDOLLS | COLLEEN | 74,615.91 |
| DAYTON | DAREN | 52,648.84 | EDMISON | JANE | 69,631.46 |
| DE LARA | PRESSIE F | 162,536.23 | EDROZO | GERALD PO | 96,208.03 |
| DE PADUA | JOHN | 78,893.80 | ELLIOTT | CHERYL | 141,849.40 |
| DEBACK | CRYSTAL | 53,492.70 | EMMERSON | ANGELA | 107,848.38 |
| DEFOREST | JACQUELIN | 75,361.52 | ENNS | BRETT | 132,932.52 |
| DELISLE | MARC | 102,227.01 | EPLEN | DORI | 79,746.69 |
| DELPARTE | CORINNE | 75,553.72 | EPP | MARISSA | 56,414.97 |
| DENIS BLAIS | DIANNE | 96,333.77 | EPP | ROBYNN | 62,658.60 |

# Appendix D:

## Payee List: Personal Services

| | | |
|---|---|---|
| ERICKSON | KRISTEN | $ 65,534.18 |
| ERICSON LEMAIGRE | WENDY | 110,619.11 |
| ERMINE | EDMUND | 61,173.74 |
| ESCALADA | CHARRY | 107,185.92 |
| ESCUETA | JAN KEITH | 104,698.16 |
| ESCURO | MICHELLE | 78,957.93 |
| ESTEBAN | ANTONIO E | 67,958.59 |
| EVANGELISTA | NOMY | 143,062.61 |
| EVANS | JODY | 104,686.48 |
| EVANS | KATHY | 70,489.92 |
| FABAY | ZENAIDA | 51,755.34 |
| FAHLMAN | THERESA | 116,503.44 |
| FALK | NEIL | 152,132.49 |
| FALLOON | NADINE | 112,542.90 |
| FAMULAK | KEVIN | 76,837.44 |
| FARTHING | KRISTA | 117,108.85 |
| FAVEL | LINDA | 51,569.98 |
| FAVREAU | GLENDA | 71,621.69 |
| FEATHERSTONE | TOBI | 72,393.60 |
| FECYK | DIANA | 145,642.26 |
| FEE | CHRISTAL | 71,990.93 |
| FEHR | DARLENE | 85,065.88 |
| FELSKE | BRENDA | 79,316.23 |
| FENNIG | MICHELLE | 56,776.46 |
| FERLAND | BEVERLY | 102,669.43 |
| FERNANDEZ | FE | 113,140.08 |
| FIDDLER | CHARITY | 67,174.21 |
| FIDDLER | DARLENE | 50,261.80 |
| FIDDLER | SHAUNNA | 67,450.60 |
| FISHER | BARBARA | 103,968.75 |
| FITZGERALD | KARA | 53,041.63 |
| FITZPATRICK | ROBERT | 76,615.78 |
| FJELD | TERRY | 98,144.07 |
| FLETT | SHAELENE | 66,530.11 |
| FORD | AUDREY | 67,407.26 |
| FOREST | KIMBERLEY | 51,835.24 |
| FOSTER | LYNDSAY | 106,692.22 |
| FRANC | JOANNE | 105,225.29 |
| FRANC BEAURIVAGE | LYDIA | 105,271.11 |
| FRANCIS | REID | 82,337.88 |
| FRANKS | JUDY | 57,921.80 |
| FREMONT | BARBARA | 52,101.47 |
| FRENCH | BRENDA | 59,297.91 |
| FRIESEN | CAMERON | 71,960.21 |
| FRIESEN | CRYSTAL | 71,421.93 |
| FRIESEN | LORI | 108,687.16 |
| FRIESEN | REBECCA | $ 70,455.97 |
| FRIESEN | TERRY | 97,268.72 |
| FRISE | MARY ANN | 85,794.69 |
| FROST | EMILY | 82,890.76 |
| FUENTES | DIANA JEA | 108,867.96 |
| FULLER | BONNIE | 103,566.38 |
| FULLER | SHARON | 95,043.79 |
| FUNK | HEIDI | 80,014.07 |
| FURBER | CHRISTINE | 109,113.03 |
| GABOURY | ANGELA | 59,952.70 |
| GABRIELSON | HEATHER | 68,741.29 |
| GALLINS | LORI | 75,409.65 |
| GARAND | ROBERT | 120,584.21 |
| GARCIA | ZENAIDA | 110,224.26 |
| GAREAU | LYNETTE | 54,650.82 |
| GARRARD | STEVE | 66,081.43 |
| GATIN | PEGGI LYN | 81,311.45 |
| GAUDET | DEAN | 75,377.98 |
| GAUDET | DORI | 104,916.07 |
| GAUTHIER | THERESA | 67,416.78 |
| GAVERONSKI | NANCY | 76,350.31 |
| GEDDERT | DAWN | 105,068.93 |
| GENCIANA | CAROL JOY | 143,975.86 |
| GEORGET | ALDEN | 85,768.35 |
| GERSTNER | ALACIA | 50,822.45 |
| GERVAIS | DWIGHT | 104,222.77 |
| GILLESPIE | ALISON | 57,891.67 |
| GILLIS | TAMMY | 105,562.17 |
| GLABUS | LUCIE | 50,412.99 |
| GLYNN | KATHY | 80,549.26 |
| GOLEZ | ANALYN | 51,296.66 |
| GOLLER | SHELLEY | 112,316.52 |
| GONZALES | LYRA | 117,595.88 |
| GORDON | CATHY | 108,554.90 |
| GORDON | SHANNON | 73,628.47 |
| GOY | JAN | 51,030.12 |
| GRADIN | SHELLEY | 100,838.63 |
| GREEN | MINDY | 61,592.02 |
| GREGORY | ALICIA | 70,304.72 |
| GREGORYK | CAROL | 201,489.70 |
| GRENIER | KAREN | 54,115.64 |
| GRIER | VANESSA | 59,942.00 |
| GRIFFIN | SHARON | 122,205.42 |
| GRIMARD | SHARON | 60,487.07 |
| GRIMARD | SHERLYN | 79,482.91 |
| GRIMES | LISA | 77,182.98 |

# Appendix D:

## Payee List: Personal Services

| | | | | | |
|---|---|---|---|---|---|
| GROENEN | HARRY | $ 63,438.70 | HOBSON | TRACI | $ 107,634.70 |
| GUEDO | BROOKE | 65,712.81 | HODGSON | ADRIANNE | 67,226.56 |
| GUEST | JENNIFER | 80,721.87 | HOLMGREN | KATHY | 67,689.52 |
| GUITARD | MICHELLE | 93,631.95 | HOLTZHAUSEN | TONY | 97,948.02 |
| GUNDERSON | DEBBIE | 55,393.04 | HOLZ | CHRISTINE | 62,400.67 |
| GUNN | KAREN | 137,397.21 | HONIG | COLLEEN | 81,490.75 |
| GUY | COURTNEY | 83,450.40 | HOPE | PENNY | 101,032.49 |
| GYOERICK | ROBIN | 67,267.70 | HOPE | TRACEY | 69,533.89 |
| HALAYKA | TWYLA | 64,412.63 | HORACHEK | KATELYNN | 93,406.84 |
| HALCRO | QUENTIN | 106,487.65 | HORNER | LISA | 70,655.61 |
| HALL | ERIN | 57,714.75 | HORNUNG | JOAN | 87,592.94 |
| HALLETT | TERRY | 55,197.12 | HOWARD | PATRICIA | 63,423.63 |
| HALSALL | DAWN | 109,503.41 | HOWARD | YASSAH | 69,074.89 |
| HAMILTON | TRUDY | 103,795.96 | HRADECKI | KIMBERLEY | 108,172.62 |
| HAMLYN | MURIEL | 66,111.39 | HRENYK | LORETTA | 92,376.13 |
| HANNOTTE | THERESE | 59,885.77 | HRYNUIK | KAREN | 74,399.03 |
| HANSEN | KRISSIE | 83,611.83 | HULL | JAMIE | 67,561.61 |
| HARASYMUK | BRIAN | 137,323.54 | HUNKER | KATHY | 99,135.61 |
| HARASYN | TANYA | 75,492.43 | HUNT | CECILE | 268,645.17 |
| HARPER | MONICA | 55,230.20 | HUNTER | KATHRYN | 68,527.77 |
| HARRADENCE | LISA | 98,419.03 | HUPAELO | MELANIE | 56,735.79 |
| HARRIS | CINDY | 61,920.66 | HURL | SHANNON | 50,283.92 |
| HARRISON | LORAINE | 114,681.43 | INGHAM | TANYA | 99,423.54 |
| HART | LYLA | 124,448.09 | ISABELLE | ALANA | 70,492.71 |
| HARTMAN | GENE | 80,284.39 | ISBISTER | SHERRY | 59,189.35 |
| HAYDUK | KAREN | 75,420.09 | ISBISTER | VALERIE | 66,764.61 |
| HEAGY | BLAINE | 70,243.02 | IVERSON | CATHY | 105,359.37 |
| HEBBLETHWAITE | JOANNE | 78,219.19 | JACKSON | JANICE | 68,414.31 |
| HEGEDUS | ARIANA | 81,277.51 | JACKSON | KYLIE | 76,852.58 |
| HEGLAND | TAMMY | 59,893.65 | JACOBS | KATHARINE | 97,706.14 |
| HEIDEL | SANDY | 96,279.89 | JAHN | SONYA | 82,050.45 |
| HEIN | EDITH | 79,586.90 | JALBUENA | ROMMEL | 94,356.08 |
| HEIN | GORDON | 80,218.35 | JAMES | MANUEL | 112,702.66 |
| HENRY | JADE | 73,385.56 | JANZ | TRENTON | 70,800.83 |
| HENRY | LINDA | 50,589.01 | JANZEN | LAURIE | 79,058.23 |
| HENSON | DANIELLE | 59,359.95 | JENKINS | PATRICIA | 75,767.53 |
| HERBST SUTOR | MICHELLE | 105,555.62 | JENSEN | LAURA | 65,790.29 |
| HEROUX | WENDY | 71,275.61 | JOHNSON | DARLENE | 57,835.73 |
| HESELWOOD | TANYS | 65,901.18 | JOHNSON | DEBORA | 89,931.71 |
| HEWITT | BARBARA | 83,228.61 | JOHNSON | GENEVA | 88,624.79 |
| HICKS | CARRIE | 73,294.01 | JOHNSON | IAN | 61,461.33 |
| HIGGINS | GARRY | 64,929.48 | JOHNSON | JENNA | 100,853.56 |
| HILDEBRAND | LAURA | 63,476.76 | JOHNSON | KRISTEN | 56,363.81 |
| HIPKISS | NADINE | 96,024.79 | JOHNSTON | DANIELLE | 76,575.83 |
| HJERTAAS | JUDY | 83,439.72 | JOHNSTON | MERLE | 67,119.40 |
| HNIDEK | FRANCES | 77,743.12 | JONES | MONIQUA | 118,172.17 |

# Appendix D:

## Payee List: Personal Services

| | | | | | |
|---|---|---|---|---|---|
| JOO | CHERYL | $ 95,657.92 | LADOUCEUR | NATALIE | $ 93,708.46 |
| JUBILAN | ANN THERE | 97,499.50 | LAI | SANDY | 54,909.02 |
| JUDGE | ROSE LYNN | 50,655.80 | LAI | YUN | 92,254.55 |
| JUSON | JOJAN PAU | 87,072.23 | LAIRD | RAINA | 53,150.31 |
| KAMINSKY | DONNA | 93,326.55 | LAJEUNESSE | JOANNE | 115,747.91 |
| KAMMERMAYER | KAREN | 90,735.01 | LAJEUNESSE | LEANNE | 51,451.07 |
| KAPACILA | JAN | 88,769.26 | LALONDE | MARIE ANN | 90,080.84 |
| KARAKOCHUK | DENNIS | 118,808.51 | LAMBIRIS | RICHELLE | 63,989.79 |
| KARDASH | JOHANNE | 119,944.83 | LAMOTTE | RANDI | 67,892.37 |
| KARPLUK | ABIGAIL | 81,309.17 | LANG | BRIDGETTE | 80,533.26 |
| KARTES | SHIRLEY | 66,242.48 | LAPRISE | KRISTIN | 99,992.67 |
| KAZMIRUK | ELOISE | 107,917.04 | LAROCQUE | SUSAN | 51,690.15 |
| KEAYS | ROBYN | 65,430.32 | LAROSE | TRACI | 59,304.10 |
| KENKE | KIMBERLY | 116,312.12 | LARSON | AIMEE | 80,139.33 |
| KENNEDY | JELAINE | 64,796.01 | LARSON | DEANNA | 92,469.60 |
| KENNY | SAMANTHA | 102,070.41 | LARSON | MEAGAN | 57,448.05 |
| KENT | DEBBIE | 73,850.47 | LAT PALISOC | MICHELL | 109,395.05 |
| KEYOWSKI | EVELYN | 52,146.99 | LATURNAS | LAURIE | 82,285.95 |
| KILKENNY | SIAN-BARB | 58,743.95 | LAVENTURE | SHANNON | 53,161.96 |
| KINAR | DEANNA | 67,007.74 | LAVERGNE | ADELE | 99,113.84 |
| KING | DARCI | 51,153.96 | LAWSON | TAMMY | 89,975.73 |
| KIRYK | WAYNE | 50,240.93 | LEADERHOUSE | RICHARD | 93,170.04 |
| KITCHING | KAREN | 68,278.77 | LEBLANC | ELISE | 94,505.76 |
| KLUGHART | GARRY | 59,851.69 | LEBLANC | NICOLE | 81,618.78 |
| KLUGHART | MELISSA | 74,424.34 | LEBLANC | STEPHANIE | 54,709.85 |
| KNOKE | JULIA | 55,807.53 | LEE | CONNIE | 126,243.68 |
| KNOUSE | JENNIFER | 65,395.25 | LEEB | SONYA | 103,026.08 |
| KNOX | PHIL | 63,912.14 | LEHNER | NOLA RAE | 69,711.89 |
| KNUTSON | JANELLE | 71,900.55 | LEPAGE | ADRIEN | 112,492.41 |
| KOLENDRESKI | DWAYNE | 97,876.94 | LEPAGE | CHRISTINA | 83,255.39 |
| KOMAIKE | LOIS | 68,262.65 | LEPINE | ASHLEY | 67,634.97 |
| KONGAWI | AMANDA | 102,489.15 | LESCHYSHYN | CYNTHIA | 105,873.65 |
| KONIAS | ANGELA | 66,962.99 | LESKO | CARLIE | 112,783.98 |
| KRAUSS | DWIGHT | 81,126.46 | LIDBERG | DEBRA | 72,287.92 |
| KRAWEC | CARMEN | 100,301.52 | LIN | JUDY | 71,871.49 |
| KRSACOK | MARILYN | 76,591.13 | LINFITT | DANIELLE | 73,164.91 |
| KSYNIUK | DENISE | 80,209.64 | LIZEE | JASMENE | 72,422.56 |
| KUKAC | CHARLINE | 97,377.42 | LLOYD | KELLENE | 107,437.08 |
| KULLAR | NAPINDER | 58,665.72 | LLOYD | MARIA | 68,885.27 |
| KUTNIKOFF | JOANNE | 54,820.80 | LOEWEN | NORMA | 75,650.02 |
| KWIATKOWSKI | BRENDA | 90,497.19 | LOFSTROM | LAUREL | 66,101.34 |
| KWOK | JOANNE | 116,257.65 | LONG | SHEILA | 80,159.47 |
| KYEI | JOYCE | 103,058.92 | LOWE | AMANDA | 63,656.70 |
| KYEI | KWAKU | 57,364.29 | LUKAN | LAURIANNE | 119,184.92 |
| LABIUK | PEARL | 57,159.87 | LUKIC | AMIRA | 50,539.40 |
| LADEZA | REYNALDO | 121,237.58 | LUKOWICH | ARLENE | 73,957.81 |

# Appendix D:

## Payee List: Personal Services

| | | | | | |
|---|---|---|---|---|---|
| LUNDGREN | JUNE | $ 66,876.09 | MCGREGOR | KRISTY | $ 58,117.57 |
| LY | LINDA | 79,556.78 | MCKAY | LANETTE | 79,236.52 |
| LYSITZA | CORINNA | 73,416.12 | MCKINNON | LINDA | 91,400.76 |
| LYSITZA | SUSAN | 68,521.14 | MCKNIGHT | FRANCINE | 57,205.78 |
| LYSITZA-MALISCHE | SHELBY | 62,658.55 | MCKNIGHT | ROBERT | 106,593.87 |
| MACAULEY | MICHELLE | 66,894.14 | MCLAUGHLAN | SYLVIA | 63,259.43 |
| MACFIE | CINDY | 50,704.74 | MCLEAN | LEANNE | 55,946.78 |
| MACFIE | VIKKI | 132,036.20 | MCLEOD | DONNA | 94,632.22 |
| MACH | STEVEN | 82,846.54 | MCLEOD | EILEEN | 87,798.60 |
| MACNEIL | BEV | 60,168.95 | MCLEOD | GLORIA | 97,244.90 |
| MADWID | DOREEN | 66,941.77 | MCLEOD | JOLENE | 76,083.88 |
| MAGNUSSON | EVA | 72,749.86 | MCMUNN | BRENDA | 96,211.76 |
| MAKELY | JANICE | 77,785.23 | MCNABB | ADAM | 76,530.10 |
| MALACH | KIRK | 62,858.72 | MEIKLE | LYNN | 99,562.01 |
| MALM | RICHELLE | 68,784.57 | MEJIA | HANZEL | 78,502.08 |
| MANGASER | LEILA | 107,095.16 | MEJIA | KATRINA | 64,824.38 |
| MANSEAU | JEANNE | 71,413.72 | MENGELL | PHILIP | 56,980.85 |
| MANTE | MARK STEP | 107,915.56 | MERCREDI | TANYA | 68,523.29 |
| MANTE | RAYMOND | 53,609.49 | MESIONA | LOURICYL | 59,206.14 |
| MARCIA | LAURA | 85,262.02 | MEVILLE | JENNIFER | 50,268.36 |
| MARDELL | DAWN | 62,462.10 | MEYER | ROSALIE | 90,680.31 |
| MARION | MELANIE | 94,181.98 | MEYERS | PAM | 76,356.32 |
| MARSHALL | PATRICIA | 89,199.40 | MIDDLEBROOK | VALERIE | 54,095.12 |
| MARTENS | MICHELLE | 69,578.22 | MILLER | ASHLEY | 69,699.17 |
| MARTENS | SONYA | 69,521.12 | MILLER | HEIDI | 51,499.86 |
| MARTODAM | ROSELINE | 71,501.14 | MILLER | RHONDA | 93,083.27 |
| MASIGLAT JR. | PEPITO | 169,247.38 | MILLER | ROSE | 52,164.41 |
| MASON | KAREN | 77,087.05 | MILLER | TANYA | 59,944.79 |
| MASON | PAULINE | 65,704.95 | MILLS | BRENDA | 64,706.50 |
| MASUSKAPOE | CAROL | 62,909.61 | MILLS | RAE | 91,882.61 |
| MATHEIS | ELONA | 92,079.68 | MILNER | THOMAS | 89,567.57 |
| MATHEW | SUNIL | 53,137.08 | MISCHUK | CONNIE | 99,188.33 |
| MATICE | MADELEINE | 85,823.81 | MITCHELL | ERIN | 56,494.12 |
| MATURAN | ZOSIMA | 108,086.94 | MITCHELL | JAMES | 61,609.23 |
| MATZNER | JULIETTE | 74,206.72 | MITCHELL | SHARON | 61,343.87 |
| MAY | CHARLENE | 89,899.48 | MOKELKI | LOIS | 103,506.48 |
| MCCALLUM | LAUREENA | 70,218.16 | MONETTE | DANA | 67,850.91 |
| MCCANN | JOHN | 106,480.82 | MONTILLA | JOE | 66,571.26 |
| MCCOLM | MICHELLE | 52,832.50 | MONTOUR | ELLEN | 54,631.62 |
| MCCREADY | DEBORAH | 94,250.76 | MONUS | TISA | 60,559.56 |
| MCDAID | LEONA | 59,077.35 | MOORE | MARGARET | 84,817.05 |
| MCDONALD | ASHLEY | 55,916.98 | MOORE | TROY | 93,750.65 |
| MCDONALD | BARBARA | 83,193.54 | MORASH | SHARLA | 78,910.45 |
| MCDONALD | JACLYN | 92,144.32 | MORHART | RANDY | 58,743.52 |
| MCDOUGALL | BRENDA | 61,031.45 | MORIARTY | LINDA | 73,365.42 |
| MCEWEN | PATTY | 61,666.90 | MORIN | WANDA | 50,666.24 |

# Appendix D:

## Payee List: Personal Services

| | | |
|---|---|---|
| MORLEY | MICHELLE | $ 100,790.88 |
| MORRISON | COLLEEN | 55,651.56 |
| MORRISON | LAURIE | 73,794.12 |
| MORROW | EVA MARIE | 91,086.16 |
| MOUROT | ROBIN | 74,682.20 |
| MOYER | PATSY | 78,656.93 |
| MUGLESTON | LANNIE | 50,281.33 |
| MULLER | SHARON | 68,145.78 |
| MULLNER | CHARLES | 72,410.19 |
| MUMM | LORNA | 67,938.88 |
| MUNAR | WILMA | 146,312.68 |
| MURRAY BERG | DENISE | 51,377.11 |
| MYCHAN | SHANNON | 56,138.10 |
| NABESS | DEBRA | 62,546.30 |
| NAGRAMA | TARCILA | 71,234.15 |
| NAGY | SHIRLEY | 96,614.90 |
| NAHACHEWSKY | DONNA | 105,500.62 |
| NAHARNEY | KATHY | 52,377.42 |
| NAPPER | RAE ANNE | 62,152.24 |
| NATOMAGAN | TARA | 104,609.07 |
| NELSON | CATHERINE | 71,808.90 |
| NELSON | DARCIE | 94,259.98 |
| NELSON | JOSEPH | 66,868.68 |
| NELSON | LORI | 90,347.49 |
| NEUMAN | ELAINE | 52,983.43 |
| NEWHOUSE | SANDRA | 104,934.32 |
| NEWMAN | SHELLEY | 67,280.68 |
| NICKLAS | MARVIN | 87,860.87 |
| NICOLAS | BRITTANY | 102,625.04 |
| NIELSEN | DIANNE | 72,525.55 |
| NOLAN | GWEN | 79,205.60 |
| NORDLI | HEATHER | 68,537.71 |
| NOVAK | JACEY | 83,030.58 |
| NUTTER | NICOLE | 68,723.35 |
| OAKES | KYLA | 75,743.89 |
| OBALDO | MARIA ANG | 108,627.14 |
| O'HARA | CAGNEY | 74,850.60 |
| OLDE | STEPHEN | 91,308.80 |
| OLIVER | LYNN | 76,659.76 |
| OLSEN | CORTNEY | 78,996.25 |
| OLSEN | LISA MARI | 60,010.61 |
| OLSON | SHARON | 71,535.75 |
| OLSON | SHERRY | 89,339.88 |
| OLSON | TIFFANY | 72,727.57 |
| OLTHUIS | KATHRYN | 72,280.15 |
| OSHANEK | JACLYN | 58,995.28 |
| OTTE | BRYAN | $ 75,285.28 |
| OTTE | SHARON | 91,942.20 |
| OTTERBEIN | SHIRLEY | 106,322.78 |
| OTTO | CRYSTAL | 77,408.05 |
| OXBY | ROSALYN | 82,626.25 |
| PAGUIO | JOANN | 91,760.92 |
| PAINTER | JUDITH | 79,921.53 |
| PALAGIAN | MAUREEN | 53,601.03 |
| PANGILINAN | MICHAEL A | 118,517.85 |
| PANNELL | MAUREEN | 62,738.05 |
| PARCHOMCHUK | LYNN | 76,890.16 |
| PARENT | EYVETTE | 124,138.26 |
| PARENT | KIM | 62,287.15 |
| PASCUAL | MARJORIE | 60,735.75 |
| PASHOVITZ | KATHRYN | 75,977.69 |
| PATEL | NITAL | 60,427.50 |
| PATTERSON | MELANIE | 75,767.24 |
| PAUL | CHANTELLE | 70,870.49 |
| PAUL | KAYLEEN | 68,568.17 |
| PAWLYSHYN | KELLY | 80,361.78 |
| PEARSON | ADAM | 89,154.67 |
| PEARSON | BRADLEY | 51,672.77 |
| PEEKEEKOOT | BROOKE | 71,692.14 |
| PELLETIER | ELAINE | 69,841.76 |
| PELLETIER | TROY | 62,986.81 |
| PENNER | ANTHONY | 65,244.99 |
| PENNER | GRACE | 91,326.70 |
| PERALTA | EMMA | 105,168.07 |
| PEREZ | JULIE | 51,142.55 |
| PEREZ | MICHAEL J | 93,167.62 |
| PERKINS | JO ANN | 77,802.24 |
| PETER | GALE | 112,327.31 |
| PHANEUF | SHAWN | 106,857.74 |
| PHILLIPS | JASON | 54,535.48 |
| PIGGOTT | JOHN | 175,464.42 |
| PIKALUK | JOAN | 88,905.82 |
| PILON | GAIL | 88,133.02 |
| PILON | TAMMY | 78,298.37 |
| PILSNER | ALICIA | 73,373.50 |
| POETKER | PAT | 95,263.83 |
| POGORZELEC | ELLEN | 68,782.06 |
| POITRAS | STACY | 68,858.75 |
| PORTER | BARBARA | 95,774.73 |
| PORTER | BETH | 64,363.99 |
| PORTER | PAMELA | 95,794.74 |
| PORTER | TARA | 79,985.37 |

# Appendix D:

## Payee List: Personal Services

| | | |
|---|---|---|
| POULIN | ALEXIS | $ 66,336.81 |
| POULIN | IVY | 114,974.66 |
| POWALINSKY | CHARLOTTE | 104,770.61 |
| POWERS | MARGERIET | 50,078.74 |
| PRATT | BARBARA | 63,859.38 |
| PRETE | CAROL | 84,126.03 |
| PRIESTLEY MCALPI | DEBORAH | 97,793.61 |
| PRIESTLY | VALERIE | 51,976.23 |
| PUETZ | LEAH | 127,396.13 |
| PYTLYK | ROSEANN | 50,259.64 |
| QUITORIANO | ERMINDA M | 94,685.70 |
| RABEJE | CHERYL | 98,732.30 |
| RABUT | LAURIE | 73,533.14 |
| RALSTON | MARGARET | 112,874.89 |
| RAMOS | MARIVIC | 62,079.04 |
| RANCOURT | NICOLE | 72,187.63 |
| RANDALL | BRENDA | 70,623.79 |
| RASK | LYNN | 153,743.72 |
| READ | MARCUS | 54,966.97 |
| RECINA | MARJORIE | 85,394.02 |
| REDDEKOPP | DEZIRAE | 70,763.33 |
| REED | COLLEEN | 127,842.00 |
| REED | NOREEN | 87,455.22 |
| REILLY | KRISTIN | 97,970.85 |
| REMPEL | ELIZABETH | 82,046.82 |
| RENDEROS | CARMEN | 66,723.61 |
| RENNIE | BRIEANNE | 65,070.38 |
| RENNIE | CORY | 82,050.50 |
| RHEAD | KRISTY | 117,057.08 |
| RICE | KOLBY | 51,030.27 |
| RINDFLIESCH | MALIA | 71,164.30 |
| RISHCHYNSKI | KATHY | 94,925.73 |
| ROBINSON | BRENDA | 89,676.87 |
| ROBINSON | SHERRY | 94,841.65 |
| ROBINSON | TAMMY | 67,369.48 |
| ROBINSON | TREVOR | 66,796.78 |
| ROCHELEAU | ANDREA | 72,466.21 |
| ROCK | LISA | 92,498.73 |
| ROCK | TYLER | 67,832.31 |
| ROGERS | JOAN | 64,472.40 |
| ROLLES | CORY | 73,403.82 |
| ROMANCHUK | MONICA | 77,090.58 |
| ROSALES | NONITA | 51,071.22 |
| ROSS | ALANA | 115,382.67 |
| ROSS | LONNIE | 63,655.44 |
| ROSS | PAUL | 91,661.82 |
| ROSS | PENNY | $ 77,463.72 |
| ROSS | PETER | 83,067.73 |
| ROTH | ALICE | 93,300.11 |
| ROUSSON | AUDREY | 101,270.01 |
| ROWE | TREVOR | 59,063.07 |
| ROY | NICOLE | 62,398.69 |
| RUMBAOA | PAUL CEDR | 107,934.30 |
| RUSK | WANDA | 70,851.59 |
| RUSSELL | DAVID | 60,235.90 |
| RUSZKOWSKI | ALISHA | 92,647.86 |
| RUTHERFORD | LISA | 86,856.44 |
| RYE | CHRISTINE | 96,786.25 |
| SABARATNAM | RATHI | 317,049.32 |
| SABO | FAYE | 67,222.39 |
| SAGARDIA SILVA | PAOLA | 55,590.75 |
| SAMUEL | HOLLY | 113,052.51 |
| SAN JUAN | MARICEL | 81,061.73 |
| SANDE | DANIELLE | 81,263.21 |
| SANDER | MELISSA | 52,781.43 |
| SARCHUK | BRENDA | 101,280.21 |
| SAVAGE | SHAUN | 81,198.52 |
| SAWATSKY | ROXANE | 84,440.38 |
| SAWCHUK | KELLY | 77,253.38 |
| SCHOPP | ASHLEY | 97,214.59 |
| SCHOPP | TARA | 92,108.57 |
| SCHRADER | JOCELYN | 80,998.99 |
| SCHUTTE | SHANNON | 61,439.94 |
| SCRIVENER | DIANE | 90,276.87 |
| SEIDLE | LAURA | 94,415.25 |
| SENINA | KRIZIA LE | 118,312.70 |
| SERFAS | DENNIS | 77,117.48 |
| SETTEE | TINA | 65,706.76 |
| SEVIGNY | KENDRA | 64,510.67 |
| SHEPPARD FROH | ANGIE | 60,903.80 |
| SHORT | CARLA | 61,049.91 |
| SHORT | NOREEN | 57,961.37 |
| SHYLUK | LINDA | 93,438.32 |
| SIGFUSSON | JANELLE | 61,479.07 |
| SIMPSON | FRANCES | 69,286.50 |
| SIMS | LINDA | 118,142.06 |
| SINCLAIR | MONICA | 54,965.97 |
| SINCLAIR | PAMELA | 73,677.59 |
| SINGH | KULWINDER | 68,043.91 |
| SKARPINSKY | BETTY | 106,679.96 |
| SKIBINSKY | DEBBIE | 78,310.25 |
| SKIFFINGTON | RIKKI | 93,028.19 |

# Appendix D:

## Payee List: Personal Services

| | | |
|---|---|---|
| SKINNER | MICHAEL | $ 53,154.82 |
| SLATER | DARLENE | 53,255.17 |
| SLETTEN | CINDY | 98,342.31 |
| SLOWENKO | SUNYOUNG | 112,397.59 |
| SMALL | CRYSTAL | 68,166.51 |
| SMANDYCH | DONNA | 70,426.04 |
| SMITH | DERRICK | 76,212.78 |
| SMITH | JEANNINE | 97,128.52 |
| SMITH | JENNIFER | 128,490.46 |
| SMITH | RAYLENE | 68,342.78 |
| SMITH | ROBERT | 59,529.13 |
| SMITH | SHEILA | 78,658.40 |
| SMITH | SUSAN | 97,047.48 |
| SMITH COLEMAN | STACEY | 89,580.05 |
| SMITH OPSETH | VALERIE | 63,482.88 |
| SOMMERFELD | ANTONIA | 101,358.81 |
| SOMMERFELD | BRENDA | 114,252.27 |
| SORENSON | CONNIE | 77,338.88 |
| SORON | ASHLEY | 97,224.43 |
| SPADEMAN | JAMI | 51,194.34 |
| SPECHT | KIRSTEN | 67,983.11 |
| SPICER | JOHN | 65,479.57 |
| SPROAT | CHARLENE | 97,992.79 |
| ST AMAND | JAEDIN | 71,816.84 |
| STABNER | JANET | 127,008.50 |
| STACEY | RYAN | 68,921.15 |
| STADNYK | ELIZABETH | 100,861.09 |
| STADNYK | LORI | 76,087.24 |
| STAHL | LISA | 87,300.76 |
| STARBLANKET | LEANNE | 69,542.86 |
| STARK | STACI | 72,169.88 |
| STEFANSKI | ELIZABETH | 67,295.32 |
| STEFANYSHYN | CARI ANN | 95,460.89 |
| STENE | MICHELLE | 63,590.37 |
| STENE CONNELL | TANYA | 56,400.67 |
| STENSKE | TINA | 54,203.41 |
| STENZ | EDELTRUD | 76,578.54 |
| STEVELY | VIVIAN | 60,856.95 |
| STHAMANN | MICHELE | 83,011.68 |
| STIEB | BEATRICE | 53,167.99 |
| STIEB | LEE | 67,294.08 |
| STIGLITZ | MARGARET | 66,976.99 |
| STOCKI | JULIE | 78,140.16 |
| STOROSCHUK | NICOLE | 60,297.26 |
| STRATYCHUK | MICHELLE | 64,692.36 |
| STRAUGHAN | TRACEY | 102,707.29 |
| STREET | MICHELLE | $ 92,253.29 |
| STROM | CAROLYN | 82,506.31 |
| STUART | PATRICIA | 174,020.35 |
| STUCKEL | ONNALEE | 107,074.59 |
| SUCHORAB | CATHERINE | 63,079.09 |
| SUCHORAB | FRANK | 109,807.30 |
| SUCHORAB | JENNIFER | 101,225.63 |
| SUNDERLAND | EARLA | 50,112.71 |
| SURKAN | IDA | 101,148.81 |
| SURPRENANT | LORRIE | 99,427.06 |
| SWAIN | TRUDY | 65,098.64 |
| SWAN | KATRINA | 62,326.10 |
| SWANSON | MARLENE | 80,300.90 |
| SWENSON | RAMONA | 52,075.34 |
| SWITYK CONACHER | LARISSA | 83,220.33 |
| SZABO | DALE | 91,016.38 |
| SZESZORAK | SYLVIA | 59,939.83 |
| TAIT | DARREN | 69,517.22 |
| TANCHAK | HEATHER | 51,541.65 |
| TAYLOR | ANGIE | 52,673.47 |
| TAYLOR | BARBARA | 67,288.80 |
| TAYLOR | DEBRA | 82,050.51 |
| TAYLOR | JEREMY | 75,847.14 |
| TAYLOR | VICTORIA | 75,207.77 |
| TAYLOR WALL | KRISTEN | 79,724.14 |
| TEER | DONNA | 51,914.64 |
| TEICHREB | BRADLEY | 68,761.95 |
| TEICHREB | PATRICIA | 88,324.68 |
| TENKINK | JESSICA | 70,512.04 |
| TESSIER | AMBER | 69,440.88 |
| TETARENKO | WALLACE | 58,770.57 |
| THESEN | BARBARA | 97,882.05 |
| THOLL | BETTY | 89,028.90 |
| THOMAS | KATHY | 58,369.64 |
| THOMAS | YVETTE | 97,252.18 |
| THOMMES | ANNA | 93,990.17 |
| THOMPSON | DONNA | 86,949.27 |
| THOMPSON | ELIZABETH | 95,261.76 |
| THOMPSON | JAMIE | 74,344.38 |
| THOMPSON | KIMBERLY | 73,685.74 |
| THOMPSON | TANNICE | 100,417.91 |
| TILFORD | TOM | 80,106.23 |
| TILSLEY | SHAWN | 65,807.59 |
| TOMIAK | ASHLEY | 57,767.89 |
| TONER | KIMBERLEY | 66,378.27 |
| TOUROND | LORI | 65,408.63 |

# Appendix D:

## >> Payee List: Personal Services

| | | |
|---|---|---|
| TRUDEL | JILLIAN | $ 62,075.24 |
| TRUEMAN | CAROL | 146,682.43 |
| TUCKER | NOLA | 115,821.16 |
| TURGEON | CHERYL | 51,521.81 |
| TURGEON | WENDY | 59,566.66 |
| TURNER | IRENE | 67,438.03 |
| TURNER WOJCICHOWSKY | TANYA | 59,848.89 |
| TWEIDT | PAMELA | 51,155.76 |
| TWEIDT | ROBYN | 53,365.38 |
| UDEY | CAROLYN | 87,346.99 |
| ULCH | GWEN | 111,841.16 |
| UNDERHILL | CARLA | 80,752.50 |
| URSU | SHIRLEY | 50,508.06 |
| VACHON | CHARLES | 68,495.20 |
| VALUCK | DONNA | 62,290.29 |
| VAN DYCK | CAROLINE | 72,564.80 |
| VAN METRE | KIMBERLY | 110,109.49 |
| VAN OTTERLOO | MELISSA | 83,259.03 |
| VANKOUGHNETT | DENISE | 75,553.18 |
| VANSIL | HEATHER | 70,066.55 |
| VARGAS | ANGELICA | 65,385.56 |
| VELLACOTT | JOYCE | 64,145.18 |
| VERBONAC | DAYNA | 60,263.15 |
| VERMETTE | TRACY | 109,677.68 |
| VEZEAU | JUNE | 93,452.36 |
| VILLAMAR | JULIUS | 122,712.16 |
| VILLAMAR | MA CARLIA | 109,043.91 |
| VINCENT | LINDA | 59,789.35 |
| VONESCHEN | YVONNE | 77,332.01 |
| WALKER | VICTORIA | 69,138.38 |
| WALKER PICKERING | ALISHA | 66,268.54 |
| WALL | CYNTHIA | 82,050.09 |
| WALTERS | JACKIE | 96,934.75 |
| WANG | YU LI SAM | 80,419.98 |
| WARKENTIN | BARBARA | 114,139.10 |
| WARKENTINE | SONJA | 68,526.12 |
| WARRINER | NOVA | 50,025.40 |
| WASLAK | MARY | 88,747.65 |
| WASON | RICHELLE | 68,301.68 |
| WASYLYSHYN | SHELLEY | 91,009.43 |
| WATIER | DEBRA | 50,699.24 |
| WATSON | NAVDEEP | 67,044.55 |
| WAUGH BEAULIEU | TANYA | 89,303.79 |
| WEBER | PAT | 55,178.86 |
| WEBSTER | KAILAH | 51,188.13 |
| WEGER | CHERYL | 115,503.13 |
| WEINRICH | BETTE ANN | $ 75,762.11 |
| WEST | KIMBERLY | 126,067.93 |
| WHITE | LEAH | 91,264.94 |
| WHITE | MILLICENT | 60,063.07 |
| WHITE | TRACEY | 51,964.85 |
| WICK | DEBORAH | 60,858.46 |
| WIEBE | KRISTA | 55,155.96 |
| WIEDERSPICK | MILDRED | 95,573.09 |
| WIENS | DEANNA | 60,290.42 |
| WIESE | MELISSA | 91,964.16 |
| WILLIAMS | LORRAINE | 78,009.15 |
| WILLIS | KIMBERLY | 79,066.92 |
| WILSON | ALICIA | 61,232.66 |
| WILSON | CAROLINE | 54,945.16 |
| WILSON | SHELLEY | 101,306.43 |
| WINGE | DEBORAH | 105,029.05 |
| WISEMAN | SHELLY | 71,099.51 |
| WISER | VALERIE | 67,854.08 |
| WITTIG | KRISTIE | 56,280.62 |
| WOODEN | DIANA | 69,507.36 |
| WOTHERSPOON | MURRAY | 75,092.72 |
| WOTHERSPOON | SHERRY | 70,528.85 |
| WYAND | RON | 76,138.85 |
| WYKES | CAROL | 50,286.45 |
| YOUNG | MATTHEW | 94,392.57 |
| YOUNG | TYLA | 66,289.78 |
| ZAHARA | RICK | 52,012.27 |
| ZAKOWSKY | NICOLE | 94,076.64 |
| ZALESCHUK | RICHARD | 75,838.18 |
| ZANIDEAN | DARLENE | 94,346.90 |
| ZANIDEAN | LORNE | 104,770.62 |
| ZAWISLAK | KIM | 78,324.92 |
| ZBARASCHUK | KELLY | 74,742.43 |
| ZDRILL | SAMANTHA | 69,071.05 |
| ZELENSKY | CHANTELLE | 99,169.90 |
| ZELOWSKY | SUSANNE | 107,196.03 |
| ZENTNER | NEIL | 142,675.82 |
| ZUCK | SHAUNA | 66,802.64 |
| ZWACK | MONIQUE | 92,249.18 |

# Appendix D:

## Payee List: Supplier Payments

| | |
|---|---|
| 3130827 CANADA INC (CPDN) | $ 501,042.78 |
| 627577 SASKATCHEWAN LTD | 102,532.60 |
| ABBOTT LABORATORIES LIMITED | 86,315.55 |
| ABBOTT LABORATORY DIAGNOSTIC DIVISION | 287,426.01 |
| ABBVIE CORPORATION | 52,835.51 |
| ALCON CANADA INC | 476,846.24 |
| AODBT ARCHITECTURE INTERIOR DESIGN | 260,492.44 |
| ARJOHUNTLEIGH CANADA INC | 95,411.28 |
| ASSOCIATED RADIOLOGISTS | 2,496,033.70 |
| BARB BOWDITCH | 74,704.00 |
| BARD CANADA INC | 62,441.79 |
| BAXTER CORPORATION | 240,356.02 |
| BIOMED RECOVERY & DISPOSAL | 236,467.90 |
| BOSTON SCIENTIFIC | 57,491.50 |
| BRACCO IMAGING CANADA | 78,573.39 |
| BUNZL CANADA INC. | 58,791.62 |
| CANADIAN CORPS OF COMMISSIONAIRE | 1,075,788.05 |
| CARDINAL HEALTH CANADA INC. | 741,055.64 |
| CHERRY INSURANCE | 58,804.90 |
| CIBC VISA | 52,934.58 |
| CITY OF PRINCE ALBERT | 429,544.83 |
| CUPE LOCAL 4777 | 1,205,102.86 |
| DELL CANADA | 118,416.01 |
| DOMINION BIOLOGICALS | 55,762.93 |
| DR PEGGY LAMBOS MEDICAL PROF CORP | 449,515.64 |
| DR. A. JANSE VAN RENSBURG | 170,673.59 |
| DR. A. RAMJI | 452,528.14 |
| DR. ADEL BEN SALEH | 56,278.39 |
| DR. AJOGWU MEDICAL PROF CORP | 313,898.91 |
| DR. ANITA TAJ MEDICAL PROF CORP | 386,937.13 |
| DR. B. SILVEIRA MEDICAL PROF CORP | 473,029.04 |
| DR. BAQIR-HUSAIN MEDICAL PROF CORP | 449,706.88 |
| DR. BRENDA HOOKENSON | 180,214.93 |
| DR. C.E. CLARK | 423,694.74 |
| DR. CARMEN MIRCEA | 441,916.30 |
| DR. COLIN GALLINS | 338,402.50 |
| DR. CORNE S. SMITH | 298,259.07 |
| DR. D. BULAT PROFESSIONAL CORP | 451,265.64 |
| DR. D. MARTEN | 366,861.51 |
| DR. E. MACIEL | 76,666.67 |
| DR. EDWARD ODOGWU | 139,485.98 |
| DR. ERWIN DALMACIO CHAO | 59,013.97 |
| DR. FARAI SENZANI | 275,788.65 |
| DR. FERDIE SMIT | 420,575.82 |
| DR. FRANCOIS ROSSOUW | 253,556.74 |
| DR. GREG OBRIGAVITCH MEDICAL PROF CORP | 75,651.44 |

# Appendix D:

## Payee List: Supplier Payments

| | |
|---|---|
| DR. IMRAN IBRAHIM | $ 362,759.31 |
| DR. JACOB STEYN | 103,122.95 |
| DR. JACOBUS VAN DER MERWE | 171,570.34 |
| DR. JOANNE SIVERTSON | 447,649.30 |
| DR. JOHAN WESSELS | 313,352.92 |
| DR. JOHN RYE | 89,577.24 |
| DR. K. SHUKLA | 86,275.00 |
| DR. KATHLEEN LUMB | 460,778.20 |
| DR. KHAMI CHOKANI MEDICAL PROF CORP | 398,156.13 |
| DR. KONYA SRIRAM, MEDICAL PROF CORP | 73,954.88 |
| DR. L J COERTZE MEDICAL PROFESSIONAL | 277,576.04 |
| DR. LILANIE COOPER | 406,164.23 |
| DR. LINDSAY CRUICKSHANK NORTHERN | 431,223.13 |
| DR. M. DURUSSEL | 449,515.64 |
| DR. M.Z. HUSSAIN | 95,423.13 |
| DR. MARTIN VEITH | 406,339.86 |
| DR. N.M. ARSIRADAM | 63,623.22 |
| DR. O. MABADEJE | 458,771.57 |
| DR. OLABODE IGE, MEDICAL P.C. | 113,337.28 |
| DR. OMAR SHOKEIR | 309,039.57 |
| DR. PATRICK MCSHARRY | 56,713.93 |
| DR. R. FRIESEN | 487,701.83 |
| DR. R. ROYEPPEN MEDICAL PROFESSIONAL | 437,564.29 |
| DR. RADU ILIE-HAYNES | 60,483.94 |
| DR. RASHID | 96,705.15 |
| DR. RIZWAN MUHAMMAD | 221,536.45 |
| DR. RON WALL | 103,553.52 |
| DR. RUTH O'CARROLL | 461,156.40 |
| DR. S. BRIJALL MEDICAL PROF CORP | 472,897.36 |
| DR. S. MOODLIAR | 448,455.51 |
| DR. S.W. TECLEGIORGIS MED PROF CORP | 319,510.99 |
| DR. SANTHERAN MOODLEY | 469,632.40 |
| DR. SYED ASIF ALI | 53,548.75 |
| DR. T. MALHOTRA | 399,515.64 |
| DR. TERRI PERSON | 269,995.66 |
| DR. THANGAVELLI MEDICAL PROF CORP | 51,099.57 |
| DR. UCHE NWADIKE | 77,771.76 |
| DR. V. PAREKH MEDICAL PROF CORP | 94,361.48 |
| DR. V. UDAYASANKAR MED PROF CORP | 442,901.84 |
| DR. VICTOR ASEFA | 65,439.13 |
| DR. Y. PILLAY | 460,929.30 |
| EDEN HEALTH SOLUTIONS LTD. | 64,627.50 |
| EECOL ELECTRIC (SASK) LTD | 95,399.60 |
| eHEATLH SASKATCHEWAN | 233,935.10 |
| GE HEALTHCARE | 196,613.97 |
| GOLDEN OPPORTUNITIES FUND INC. | 104,616.64 |

# Appendix D:

## >> Payee List: Supplier Payments

| | |
|---|---|
| GRAHAM CONSTRUCTION & ENGINEERING | $ 3,637,923.25 |
| GRAND & TOY | 158,175.24 |
| GREAT WEST LIFE | 761,317.48 |
| GREENLAND WASTE DISPOSAL LTD. | 87,266.56 |
| HARRIS DR. STEVEN | 119,310.00 |
| HEALTH QUALITY COUNCIL | 98,778.35 |
| HEALTH SCIENCES ASSOC OF SASK | 190,963.72 |
| HEALTHMARK LTD | 81,805.12 |
| HILL-ROM CANADA | 626,673.88 |
| HOLOGIC CANADA LIMITED | 71,896.00 |
| HOME BUILDING CENTRE | 50,112.47 |
| HONEYWELL LIMITED | 66,959.82 |
| HOSPIRA HEALTHCARE CORPORATION | 957,719.46 |
| IBM CANADA | 178,092.12 |
| INNOMAR STRATEGIES INC. | 52,318.88 |
| INNOVATIVE COMMERCIAL INC. | 213,983.92 |
| JAMES R. BROWN MED PROF CORP | 287,749.24 |
| JOHNSON & JOHNSON MEDICAL PROD | 278,058.29 |
| KAREN HARDER | 52,340.34 |
| KCI MEDICAL CANADA INC | 86,913.48 |
| KIN ENTERPRISES INC | 98,121.29 |
| LEICA MICROSYSTEMS (CANADA) INC | 90,663.17 |
| LINVATEC CANADA | 100,300.25 |
| LOBSTICK TRAVEL LTD | 65,444.06 |
| MALLINCKRODT MEDICAL INC | 74,727.90 |
| MARK WARNER | 54,874.34 |
| MARSH CANADA LIMITED | 360,219.50 |
| MASTERCARD | 214,259.84 |
| MCDOUGALL GAULEY LLP | 75,506.40 |
| MCKESSON CANADA CORPORATION | 897,428.20 |
| MCKESSON DISTRIBUTION PARTNERS | 339,591.99 |
| MEDICAL MART WEST | 60,501.00 |
| NATIONAL REFRIGERATION HEATING | 144,085.12 |
| NICOLE ENTERPRISES INC | 89,620.92 |
| NORTH SASK. LAUNDRY & SUPPORT | 2,622,874.28 |
| NORTHLAND RECREATION SUPPLY | 69,087.50 |
| NOVARTIS PHARMACEUTICALS CAN INC | 185,613.74 |
| OXOID COMPANY | 57,738.84 |
| P.A. FINE FOODS & DISTRIBUTORS | 63,096.72 |
| PENTAX CANADA INC. | 79,973.78 |
| PHILIPS HEALTHCARE | 582,579.47 |
| PINNACLE DISTRIBUTION INC. | 71,232.19 |
| PRAIRIE MEATS | 186,179.86 |
| PRINCE ALBERT PHOTOCOPIER LTD. | 160,323.04 |
| PROVINCIAL MEDICAL SUPPLY | 129,436.19 |
| RBM ARCHITECTURE | 197,242.50 |

# Appendix D:

## Payee List: Supplier Payments

| | |
|---|---|
| RNF VENTURES LTD. | $ 10,367,785.05 |
| ROCHE DIAGNOSTICS | 158,913.69 |
| S MARTINS MEDICAL PROF CORP | 475,796.54 |
| SAPUTO MILK DIVISION | 228,287.15 |
| SASK ENERGY | 771,472.15 |
| SASK POWER | 1,467,741.65 |
| SASK UNION OF NURSES-REGINA | 607,684.13 |
| SASK WORKERS COMPENSATION BOARD | 1,978,607.83 |
| SASKATCHEWAN PROPERTY MANAGEMENT CORP | 52,320.71 |
| SASKTEL MOBILITY | 115,129.64 |
| SASKTEL | 530,655.65 |
| SCHAAN HEALTHCARE PRODUCTS | 2,166,778.20 |
| SECURE CHOICE STORAGE INC. | 77,739.01 |
| SHRED-IT INTERNATIONAL | 54,404.60 |
| SIEMENS CANADA LIMITED | 659,966.30 |
| SISTERS OF THE PRESENTATION | 177,643.98 |
| SMITH & NEPHEW INC | 121,356.55 |
| SRNA | 249,628.80 |
| STRYKER CANADA LP | 694,508.63 |
| SUN LOCAL 62 | 113,161.03 |
| SUPREME BASICS PRINCE ALBERT | 197,237.83 |
| SYNTHES (CANADA) LTD | 99,039.24 |
| SYSCO FOOD SERVICES REGINA | 1,769,003.40 |
| TELEFLEX MEDICAL L.P. | 79,701.29 |
| THE STEVENS COMPANY LIMITED | 162,852.90 |
| THORPE BROTHERS LTD | 160,044.39 |
| TOWN OF SHELLBROOK | 982,541.74 |
| TRAC HOLDINGS LTD. | 226,670.30 |
| TYCO HEALTHCARE GROUP CANADA INC | 393,119.62 |
| VAN HOUTTE COFFEE SERVICES INC | 88,826.09 |
| VITALAIRE HEALTHCARE | 120,983.30 |
| VOCERA COMMUNICATIONS, INC. | 130,254.91 |
| VWR INTERNATIONAL CO | 57,714.53 |
| WBM OFFICE SYSTEMS INC. | 91,256.72 |
| WBM OFFICE SYSTEMS | 229,732.34 |
| WOOD WYANT | 186,368.34 |
| ZEP FACTORY OUTLET | 144,557.07 |
| ZIMMER OF CANADA LIMITED | 616,287.00 |

# *Appendix D:*

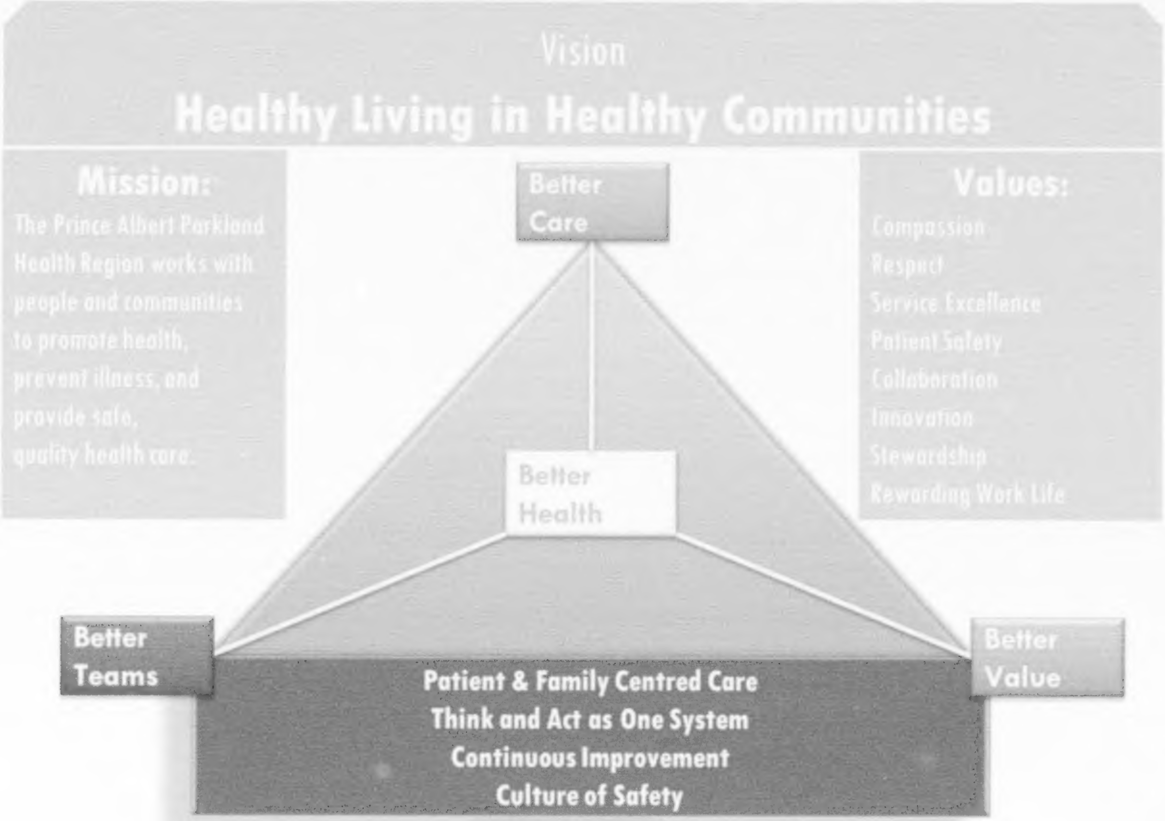
## Payee List: Transfers

| | | |
|---|---|---|
| BLAINE LAKE AMBULANCE CARE | $ | 380,816.84 |
| CANADIAN MENTAL HEALTH ASSN | | 267,447.08 |
| CO-OPERATIVE HEALTH CENTRE | | 357,168.96 |
| FAMILY FUTURES INC. | | 177,243.85 |
| P.A.MOBILE CRISIS UNIT COOP LTD | | 80,466.24 |
| PARKLAND AMBULANCE CARE LTD | | 2,711,342.01 |
| SHARE | | 783,213.31 |
| SPIRITWOOD AMBULANCE CARE LTD | | 1,039,427.64 |
| MONT ST JOSEPH HOME INC | | 7,932,705.45 |

## Payee List: Other Expenditures

| | | |
|---|---|---|
| MINISTER OF FINANCE | $ | 114,119.29 |
| MINISTRY OF CENTRAL SERVICES | | 753,353.53 |
| PUBLIC EMPLOYEES PENSION PLAN | | 303,917.12 |
| RECEIVER GENERAL FOR CANADA- TAX | | 36,898,078.48 |
| 3sHEALTH | | 8,724,562.76 |
| SHEPP | | 17,097,713.84 |

Prince Albert Parkland Regional Health Authority



Vision

**Healthy Living in Healthy Communities**

**Mission:**

The Prince Albert Parkland Health Region works with people and communities to promote health, prevent illness, and provide safe, quality health care.

**Values:**

- Compassion
- Respect
- Service Excellence
- Patient Safety
- Collaboration
- Innovation
- Stewardship
- Rewarding Work Life

**Patient & Family Centred Care**
**Think and Act as One System**
**Continuous Improvement**
**Culture of Safety**

PRINCE ALBERT PARKLAND
HEALTH REGION
Healthy Living in Healthy Communities.

**2013-14 Annual Report to the Minister of Health**